

BOOKS BY  
ISABEL HUTTON

*Mental Disorders in Modern Life*

*The Hygiene of Marriage*

*Women's Change of Life*

*Memories of a Doctor in War and Peace*

The author in 1916, as Chief Medical Officer of the unit of the Scottish Women's Hospitals serving in Serbia



MÉMOIRES OF A  
Doctor in War and Peace

BY  
ISABEL HUTTON, C.B.E., M.D.



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To my husband, in gratitude for the support and encouragement he has given me in my life's work.



## Preface

This book is made up of memories which are with me as I write, each one recalling many others. There is also enough material for a dozen books in my diaries going back over many years, and in my weekly letters to my mother when I was abroad. I have not, however, dared to look at either. If I had, this book would never have been finished. There are also my patients' records, which contain in them a wealth of human interest and the whole art of psychiatric medicine as it has developed out of my experience.

I would like to have written more on many subjects, and especially about India, where I came to love the people and their country. Perhaps, however, I have given my readers enough, and if they reach the end with the desire to make my further acquaintance, I shall have had my reward.

Among those who have helped me with this book, I would especially like to thank Mr H. Fitchew, who has kindly revised the manuscript in its final form. I must also thank the Editor of the *Scotsman* for allowing me to reprint the greater part of an article I wrote on the subject of my visit to Yugoslavia.

ISABEL EMSLIE HUTTON, M.D.

## Neophyte

HURRYING DOWN CHAMBERS STREET that showery April morning, I had no doubt that I was taking the inevitable step as I blithely approached the open door of Minto House, then the Women's Medical School in Edinburgh. Running up the stairs to the first floor, I knocked rather ceremoniously at the door marked SECRETARY and announced myself as a prospective student

I had passed the University entrance exams (the subjects were English, Latin, mathematics and one modern language) and without further preamble, except that of giving my full name and my age of seventeen years, I was duly enrolled as a first-year medical student. The secretary was an elderly Highland lady whose manifold duties included that of *duenna*. She told me that the summer session would begin on the 1 May with botany and zoology and that the lectures began at 8 a.m. each day in the New School of Medicine in Potterrow. Looking at me anxiously and dubiously, she said, in a kind Highland voice as rich and sweet as heather honey

'You are young and very tiny and must try to look older. You should put your hair up and lengthen your skirt to your ankles before you attend the first lecture.'

In those days this hair-up-skirt-down convention marked the dramatic moment when, in the twinkling of an eye, a girl became a young lady. In 1905, the popular hair style was attractive and simple for, with a quick bend of the neck, our long shining hair was gathered into a coil, wound into a teapot handle and secured on the crown of the head.

This style added years to my age and inches to my height, so a

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Early in the twentieth century there were very few posts open to women, but few of us worried about this, for we believed that as time went on more posts would be available, and that one day we would take our rightful place in medicine. I for one was not in the least anxious about the future, nor did I consider failure or the crossing of rickety bridges until I knew the way to skip lightly over them. My mother's signature tune was 'Take from day to day' - 'Tomorrow is another day' would be the contemporary equivalent.

I expect that some of my early training and background was operative in my choice of medicine for a profession, though there was nothing very deliberate about it. What did I bring to my life's work in the way of talent or aptitude?

My school record was little more than average, although, greatly aided and inspired by an excellent schoolmistress, I had won an open scholarship at the age of eleven which entitled me to five years' free education at a school chosen by the committee who administered those valuable and much-courted prizes, for which there were hundreds of competitors. The master and mistresses at the Edinburgh Ladies' College to which I was elected were considered to be among the best in the country and the standard was high, the curriculum overloaded, and we were all grossly overworked.

The only prizes which I consistently gained were for plain sewing, domestic economy, pianoforte and dancing, subjects which delighted me as much as history, poetry and modern languages. These were not, perhaps, subjects specially suitable as a preliminary to the study of medicine but, since it takes a strange variety of ingredients to make a doctor, I am sure they have all helped me in the practice of my profession.

What did I have, apart from my general education, to fit me for the study of medicine? First, excellent health and vitality, largely due to being born of good Scottish stock and to having had a simple unfussy but disciplined upbringing. Second, a portion of my mother's intuition and acute observation, a slice of my father's excellent aural memory, and a little of my maternal grandfather's love and facility for music. Such endowments are inborn and have nothing to do with application or intelligence, so they may be humbly acknowledged.

There were many qualities which I lacked, but I learned to be thankful for such as I possessed when I realised their great value in my life's work.

There were certain influences which helped me to decide on a career, and the strongest were due to the atmosphere in my own home. My mother had a most compassionate heart and taught us to be kind to all children who had unhappy homes, who were poor, ill or disabled. We must have been deeply imbued with sympathy for them, for we agreed to her suggestion that we should enjoy our own Christmas presents for only one week and on New Year's Day give them all away save one. With many a pang we parted with them, but were selfish enough to keep the precious object we liked best. In spite of this Christmas generosity, we were by no means angel children, for my three brothers and I teased, quarrelled and fought, perhaps more than most, not only among ourselves but with our many playmates.

This compassion for less fortunate children was also inculcated by our Sunday School teachers, for we were instructed every Sunday afternoon, summer and winter, by gentle ladies who taught us the Shorter Catechism beginning with 'What is man's chief end?' and with more difficult questions, such as 'What is effectual calling?' We reeled off the answers, but their meanings were beyond us – and possibly beyond our teachers too.

It is regrettable that we were not always well-behaved in Sunday School and had private jokes and hardly-suppressed fits of giggles, perhaps the result of prolonged restraint and the fatigue of sitting upon hard church seats. We loved the hymns, especially 'Golden harps are sounding', 'There's a home for little children' and 'All things bright and beautiful', and sang them lustily and tunefully. To this day I can churn out countless verses of hymns, psalms and paraphrases which transport me back to those Victorian Sundays in Edinburgh.

Our religious instruction was continued in the winter evenings by a delightful old lady in a black satin dress, white lace cap and fichu who presided at her dining-room table, a large Bible open before her. She began to teach us because she admired my parents, and continued because she felt that she must make sure of our salvation through concentrated Bible study. We were given a whole book of the Bible to

read between Sundays and were questioned upon it, but our childish answers were often sadly irrelevant. After religious teaching came the eagerly anticipated reward of a mammoth tea—pokes of sweeties were given us at parting, when we shot from our devoted teacher's door like arrows from the bow and ran home through the gas-lit streets, now full of people trudging back from evening service at some distant church.

I often accompanied this old lady when she paid her weekly visits to the Hospital for Incurables, where she invariably took some little gift or pamphlet for each patient. My brothers were inveigled there once and were pressed into singing hymns which I accompanied on the tummy piano, but never again would they cross the threshold of that hospital. I, however, went frequently, at first to please this kind old dame and afterwards because the patients often said, 'Come back again, little missie.'

People were surprised that such a young child was allowed to visit this hospital where many sad sights were to be seen. I seemed, however, to take it all very lightly and since most of the patients were old grannies with caps covering their wispy locks, it seemed quite natural to me that they should be in bed.

Vanity played a large part in the regularity of my visits, for the patients told me I was clever, good and 'a bonnie wee doo'. We were never praised at home and were always told how badly we spoke, sang, recited or played the pianoforte, so it was meat and drink to hear this unstinted praise. Instead of being sad after these visits I was happy and, pointing the toes of my high-buttoned boots, I tripped lightly home, elated and boasting about my conquests. Deflation soon followed, for my brothers mocked me and imitated my muncing bedside manners, while my elders and betters could not hide their amusement.

When I was a little older I sometimes accompanied my mother when she went 'church collecting'. She took me with her not only for company but also for support, for I soon realised that she greatly disliked her task. It was, however, a duty which had to be discharged, since all loyal members of the congregation took part in activities connected with their church. It was sheer torture to my mother, who could not bear asking the poorer individuals on her list to give to foreign missions or the Church Endowment Fund. The names and

addresses of those who lived in her allotted district were entered in a little account book with 'St Cuthbert's Church' written in copper-plate on the label, and my mother added entries in neat figures

We learned a great deal during those visits about the life of the people inhabiting the meaner districts of Edinburgh. Much is heard of the contemporary housewife's woes, but surely they are light compared with those of women fifty years ago? Breakfast and a mudday meal had to be cooked on a coal range for the husband and numerous children, for there were none of the school dinners or works' canteens which so greatly relieve the present-day housewife. Even if we arrived in the late afternoon, the housewife might still be at the wash-tub, the steam filling the kitchen, or 'cawing' the mangle, a monster roller for pressing sheets, for there were no 'launderettes' to lighten her burden.

'Poor souls' those words were often on my mother's lips, for these visits distressed her greatly. 'I couldn't ask her for anything, poor soul,' she would say, 'I was sorely tempted to give her something.'

Often, after a cheerful talk and kindly inquiries about the family, we would depart without saying a word about collections, and afterwards the little book would show entries of small contributions which had never been given but had come from my parent's own slender purse. While impatient and critical of the snobbish, pompous or bogus, my mother was ever infinitely tender and kind to the simple, the unfortunate and the sorrowing – and even to the rogue.

In my childhood the streets on Sundays resounded with hurrying footsteps, specially audible on that day because there was no other traffic except an occasional horse-cab or a doctor's brougham. People of all ages, in twos and threes, in family squadrons or in crocodile formation, streamed along to their chosen churches. They worshipped at the church in which they had been christened or married and this was often situated at the other end of the town, but they hurried to be in time if only for the last toll of the melancholy bell. 'We took sweet counsel together and ran to the house of God' was a prevalent Biblical joke.

We, too, had to hurry, for we had a long way to go and must don our best clothes – my brothers in kilts and myself a small replica of my mother, so smart in her coat and skirt (then called a costume) and French

hat, a lace *jabot* at her neck and the delicious scent of wallflowers about her. My father looked tall and rather solemn in a morning coat, top hat and grey suede gloves – the correct garb for Sunday morning church, which was, indeed, something of a social occasion.

Everyone journeyed on foot, for (according to Biblical decree) the coachmen and horses were resting on the Sabbath and when, in my schooldays, Sunday trams actually appeared, there were many who protested violently and said that they would rather die than set foot in them. Nevertheless, within the year the Sunday trams were accepted, first by the halt, lame and aged, who had a good excuse for their lapses, then by the clergy, finally by one and all, who used them wet or fine.

There was always one particular church to which the populace was drawn because of some special quality, usually the excellence of its preacher, and it became 'the fashion' of the day. Morning and evening, there were long queues of people waiting just as they now wait for Sunday cinemas. When the church door was opened they rushed in to secure a good seat and the beadle was hard put to it to keep order and to find places for all without offending the regular seat-holders by putting strangers in their 'sittings'.

Perhaps the most popular preacher in those days was the Rev. Dr. Alexander Whyte of Free St. George's Church, who was a spell-binder and a powerful influence in the church. Voice, diction and gesture proclaimed him a consummate actor who gave his message with power and conviction, he was a noble figure in the pulpit, his long white silky hair framing a saintly, mobile countenance. When he uttered the words 'I am a great sinner' – as he frequently did – his expression was profoundly sad, but when, with impeccable timing, he followed with 'But I have a great Saviour' a smile of great sweetness irradiated his fine features and the message was transmitted to everyone in that crowded congregation. Little wonder that people were content to wait for hours in order to secure a seat, they even perched on the steps of the pulpit, thirsting to hear him expound the gospel, and young and old were uplifted by his sermons.

*It was a great occasion for me when my grandmother first took me to St. George's and after the service I was told that Dr. Whyte had been specially eloquent. There was one miserable little sinner who had been*



day-dreaming and had paid so little attention that she was unable to answer grandmother's questions as to what she had learned from the sermon, she was soon made to feel that she was on the road to perdition and hardly worth the saving

The only sermons I ever enjoyed were those of the Very Reverend James MacGregor of St Cuthbert's Church where my father was an elder. This Scots divine was also an actor, but not a tragedian whose lines had been rehearsed, and his sermons seemed to be spontaneous, the words flowed from him like lava from a volcano. In the pulpit he looked big, strong and forceful, with his leonine head and flashing eyes which raked the worshippers – and if they were inattentive he did not fail to reprove them! He was in reality diminutive and frail and sadly crippled by a grievous deformity which a long black cloak hardly concealed, and he walked with difficulty.

He seemed to be carried out of this world by his own vehement earnestness and, although directed to adults, his words carried us children with him, even though we could seldom follow the sermons. Was it something in his voice that stirred us? It could be full of crooning Highland music, but sometimes it reached the exciting pitch of a sharp hammer blow on the anvil. Our young spines shivered when Dr MacGregor cried out in agony, thumping the Bible and the pulpit, that if we did not mend our ways we were eternally lost and damned. As if sorry that he had castigated us so much, he would often make us smile, and those less inhibited were even known to laugh, but this was frowned upon by the more orthodox members of the congregation. We children never found him forbidding, for we instinctively felt that he loved us and was not aloof and distant as were so many divines. He spoke vehemently because he was impelled to do so and even children knew in their bones that he was sincere, but he never frightened us, he often patted us children on the head, popped barley sugar into our mouths, and told us we were bonny bairns. I sometimes felt sure when very young, that he was really St Peter (whom he resembled facially), and that he would let me in when I timidly knocked at the golden gates of Paradise.

The Very Rev James MacGregor was Queen Victoria's favourite chaplain and was frequently a guest at Balmoral Castle, where doubt-

less that Sovereign Lady delighted in his gaiety and old-fashioned Highland courtliness

I remember his oration on the death of Queen Victoria and the whole dramatic service, which was almost too emotional to be borne. Each pew was filled to capacity, and men, women and children were arrayed in deepest mourning. The high marble pulpit was completely shrouded in heavy black weeds like some great catafalque and thus it remained for many months. Later, it went into second mournings of black and royal purple, and after our own mournings had long been discarded that pulpit grieved dolorously and openly for many months more.

At school, at Sunday School and at church we were always hearing about the mission field. 'The collection today is for foreign missions' was a frequent announcement in church, and many were the bazaars which my mother helped to organise. We children helped by taking round tickets for raffles and looking after the bran tub. We suggested having an 'Aunt Sallie', which we knew was always a money-maker, but mother laughed a trifle ironically and told us that 'it would never do' at a church bazaar. I saw that she was beginning to feel that people took their church work too solemnly, were sanctimonious and not charitable enough and that even a bazaar had to be rather a dreary affair. The only jokes that the parish minister or his assistants ever ventured were Biblical ones, and even these had to be tempered for the shorn lambs.

'Foreign missions' meant usually medical missions and we pictured them as being in arid wastes, on sandy beaches dotted with tall palms like Robinson Crusoe's island. Our collections were often for India and, later in life, remembering the missions by name, I was amused to see how false my childish picture had been, for some were in the Himalayas or at hill stations in lovely country, and others in fascinating ancient towns.

As soon as our infant fingers could hold a seam, we sewed for the mission field, first handkerchiefs and then turkey red twill underclothes for the girls. The most difficult part was the double feather-stitching in white thread along the edges of the frills with which the bloomers were decorated. Our little hands often got the feathering out of line, a fault

for which we received a sharp rap over the knuckles and were told to pull out the stitches and start all over again

As time went on I saw at close quarters the work of the two mission centres attached to St Cuthbert's parish church. I realised, even as a schoolgirl, that home missions were very much needed ~ as well as those in foreign lands. My eyes had already been opened to the conditions of life in our church mission area on the collecting visits and when I was about fourteen years old I began to understand a little more of what I observed.

I was asked to help with a 'flower mission' which had just been inaugurated, those who had gardens sent flowers on Saturday mornings and they were arranged in mixed bunches for the church members living in the vicinity of the mission. Children came eagerly to help to distribute the bouquets and I delivered the flowers to the aged and infirm. Up endless flights of broken stairs, along dark malodorous passages I trudged, there to find many old crones living in dismal single rooms in ancient tenement houses in the Fountainbridge and Morrison Street areas. 'A wee sprig o' thyme' or of 'apple ringie' (southernwood) was always specially appreciated and was later pressed between the leaves of well-thumbed Bibles, the only book that most of them possessed.

In many homes there were invalid children, some feeble-minded, paralytic or tubercular, for there were few amenities for them. They told me much about their illnesses, of which some boasted, and especially of operations, which gave them a certain prestige. They were proud to relate how their 'professors' had said that their's was an unprecedented case, or that their operation had never before been performed with success, or that it had been watched by hundreds of students. This seemed, indeed, to compensate them amply for all their sorrow and pain and they never complained.

There was little I could do except listen ~ and remember ~ but sometimes I carried down into the fresh air a gay little urchin, Jimmy Baxter, deformed and paralysed from the waist down. He loved to be wheeled about in an old pram and I sometimes pushed him carefully through the side streets where everyone had a cheery word for him.

One Saturday, he seemed to be possessed of the devil, for he insisted

on being 'birlled' at speed along the main roads and, for the sake of peace, I unwillingly complied. He got excited and angry and shouted 'Gee up, gee up, horsey' and beat me with his little cane 'Gee up, ye dour wee bitch,' he yelled, belabouring me as I rushed him back to his home, scattering the grinning pedestrians. 'Never again, Jimmy,' said the mortified young flower missionary and most unfairly gave Jimmy's tenement a wide berth for a week of Saturdays.

It is difficult to imagine the joy this flower mission brought into the homes where never a penny was spent on flowers—except for funerals—and I became then and there an advocate for 'Saying it with flowers'. Nevertheless the mission served for one summer only and was never heard of again, doubtless for want of donors or anyone who thought it worth-while, sad to say, I did not care, for, young and careless, I never gave it another thought.

These experiences must have been a part of my pre-medical training for they gave me some understanding of those who were poor, ailing and unfortunate, and it never saddened me, for they laughed and endured and were happy in spite of every adversity.

I can sniff in retrospect the sour odour that pervaded the houses as soon as the door was opened—a mixed bouquet of the washing of clothes, the cooking of broth, of dampness, of the unwashed, or that sweetish body odour due to undernourishment and unsuitable diet.

As a medical student I was to meet later these very people in the hospital wards, where they found no difficulty in speaking to me easily and confidentially because they felt that I understood their way of life.

Practically all the women medical students of my time were prompted by a missionary spirit as well as a desire to succeed in their profession. Quite a number were the daughters of medical missionaries and had already dedicated themselves to the mission field, others—like myself—had realised the need for women doctors at home. A good many parents were becoming quite amenable to their daughters studying medicine and were willing to lay out money on their education as well as on that of their sons, for until then, this attitude had been the exception.

My parents made no fuss about my coming studies except to tell me to do my best and 'take from day to day'. No other words of counsel

or wisdom were given to me. They did not say that I must work very hard, nor was there any suggestion that I might not take to the study of medicine. It seemed quite settled that I was destined for a medical career — or was it dedicated, like the missionaries? I remember saying to my mother that I would now have to give up dance and music practice, whereupon I was simply told 'Please yourself, but you will be foolish to do so'. Sound advice, indeed, for in after life I found that ballet exercises were the sole real exercise I took, and at the piano I solved many of my own and my patients' problems.

In the meantime, however, I did not know that anything else save sheer study was to be of any use to me, so I even gave up general reading. I went, however, to the Free Library on George IV Bridge and read up the history of medicine and such biographies of medical men as they possessed. I read of Pasteur's work on rabies and of Simpson's discovery of chloroform, but it was the life of Goodsir, Professor of Anatomy in the very school in which I was to study, that impressed me most. Lord Lister was still alive but old and ailing, and I looked forward to attending the hospital in which he had worked for a time. Meanwhile I would learn through studying the lives of great surgeons, physicians and anatomists.

## CHAPTER TWO

### Freshers

*'Gaudeamus igitur juvenes dum sumus'*  
(Middle Ages)

ON THE FIRST DAY OF THE SESSION, we 'freshers' arrived promptly at eight a.m. for the inaugural lecture, but had difficulty in finding our way, for the building we sought was hemmed in by ancient houses and quite invisible from the street. We entered through a shabby arched bend in Bristo Street, crossed an untidy yard, an alley by the side of a fast-bolted church, till we reached an unpretentious modern building, 'The New School of Medicine'.

Our first lecture, which began without any preamble, was given by Dr Stewart MacDougall, our learned lecturer on botany. He actually addressed us as 'my dear ladies' and when we proceeded upstairs to the laboratory to study botanical specimens and the wonders of plant life under the microscope, his young men assistants (one of them a handsome Greek) were most eager to help us. I was astonished at all this friendliness and consideration, which seemed like some fantastic dream after the restraint and severity of school life.

At ten o'clock, our lecturer said, 'Now, my dear ladies, hurry on past Dr Auckland Geddes' dissecting-room and out by the back door into the Potterrow. Proceed down College Wynd between the Museum and the University, across Chambers Street, and you will find yourselves at Minto House where the first lecture on zoology will be given.'

As we went on our way, I caught a glimpse through an open door of a tall young man\* stooping over a cadaver which he was demonstrating

\* Later he forsook anatomy for affairs of State and became in due course Baron Auckland Geddes.

to some young men, a sunbeam struggling through a skylight illuminated the group, making it for a fleeting moment reminiscent of Rembrandt's 'Dr Tulp's Anatomy Lesson'. This, my first view of a dissecting-room, was a less grim experience than I had expected.

The Potterrow was a narrow mean street lined with derelict houses which in former centuries had been the homes of the wealthy and aristocratic. In those days it was a main artery which led from the south and onwards via the Potterrow Port in the city wall and continued through narrow wynds across the Cowgate into the Canongate, the heart of the old city.

The mid-Victorian building, which was to be our headquarters for the next few years, was built on the site of the ancient town mansion of the Earls of Minto, and it had later served as a hospital for that great surgeon, James Syme, to whom Lister had been in turn pupil, assistant and son-in-law. Minto House, modern though it was, thus cast a historic glamour and a sense of medical tradition over me that made me proud indeed to enter its very ordinary front door.

We had to hurry to be in time for the lecture given by Miss Marion Newbigin, D Sc, a brilliant zoologist who had already gone far in her distinguished career. It was now that we had our first experience of trying to keep pace with the lecturer, as we covered page after page with illegible notes on a subject entirely new and strange. The lectures were given at great speed, nevertheless, owing to the skill of Miss Newbigin, they began to be clear and fascinating.

We learned to admire and respect this restless, pretty scientist, but she made it perfectly plain that there lay a great gulf between student and lecturer. She gave the impression of being a little patronising towards the medical student and considered that three months' cramming of zoology was far too short a time to spend upon her speciality. This introduction to zoology, however short, was of great value and gave us an understanding of the theory of the origin of species, a slant upon comparative anatomy and some little dexterity in dissecting.

The lecture over, we trooped down to the basement and found a fresh crayfish laid out for each of us on a long bench. Thus we began a long series of dissections which included the earthworm, skate, frog.

pigeon and rabbit, gradually working up to mammals. And so, little by little, we were prepared for the dissection of the human species.

The caretaker of the basement at Minto House was Mrs Meikle who, with her grown-up children, inhabited these nether regions. I always thought of her as 'Lucky Meikle' and a typical inhabitant of the 'old town', for I felt she might well be a reincarnation of some eighteenth-century character such as 'Lucky Wood', who had kept an oyster or ale howff in the Cowgate.

She was a plump little body, poured into strong stays, dressed in rusty black with a woollen shawl pinned across her pouter-pigeon bosom. On her brindled hair was perched a bonnet trimmed with wispy black ospreys and faded violets, which was tied under the chin, its black ribbons enclosing a pleasant, pink podgy face.

Though we first made Mrs Meikle's acquaintance in the course of our zoology dissections, we were to know her better later on in the anatomy rooms. She soon learnt our names and went round after the zoology class surveying our specimens, saying little but giving a derisive snuff to one dissection or a 'Losh keep me' to another, her highest praise being 'No bad', for she 'kent practical zoo real weel' and took a kindly interest in the students' progress in the subject.

Our studies that session were limited to botany and 'zoo' and this programme seemed lightsome after the rigours of school days. Classes were from eight a.m. to one p.m., and the afternoons were spent in the Royal Edinburgh Museum across the street, which had an excellent zoological department.

On summer evenings we went for delightful botanical excursions, each carrying a black tin vasculum slung over one shoulder, the indulgent 'Stewart Mac' looked after us as if we were infants. 'Come on, come on, dear little ones,' he would say to the younger students, or beckon us towards a little sundew. 'Observe this little charmer, so lovely but so cruel catching poor little flies!' Sometimes we went out to the Pentland Hills or to Liberton, the Braids or Blackford Hill - all places I had known since childhood, but now, instead of being merely hills and moors and nothing more, they were carpets of algæ, fungi, lichens and little wild flowering things.

On Saturdays we often had a whole-day botanical excursion several



miles out in the country, and we thought nothing of walking all the way there and back, it was part of the fun. The last excursion of the session was on a sunny Saturday in July when we set out on foot for Roslin Castle in order to botanise in Hawthornden, a deep bosky dell, bright with flowers darkly shaded by towering trees. We were a happy band led by our kindly chief and his devoted assistants.

How glorious it was to be a student, free as air, and to be treated as an equal, an adult, allowed to speak and even listened to with tolerance! It was a lovely day – was it a specially clement Scottish summer that year, or was I so elated to be a medical student that even the weather seemed brighter? Or was it the warm baritone voice of the Greek student walking by my side and smiling at me as he sang

*'Jennes fillettes, profitez du temps,  
La violette se cueille au printemps—'*

I joined heartily in the jingling chorus of the *bergerette* and soon we lost sight of the other botanists as, with linked arms, we loitered singing and laughing happily.

Suddenly, I was picked up and crushed against a wildly thumping heart and it seemed an eternity before I was set down on my feet again! Bewildered, shocked, ashamed, angry at 'Pericles' though I was, I felt it must have been all my own fault, after all, he was a foreigner, and that made his behaviour understandable. I was sure it could never have happened with a Scotsman! This episode disturbed and stirred me profoundly and it was long before I forgot the experience which had awakened me to strange new emotions.

It may seem absurd that a girl of seventeen was so ignorant of all things pertaining to sex and passion, but in those days it was quite usual. Though we were aware of the facts of life, to the technique of love-making and its import we were complete strangers. Love overtures were a definite prelude to marriage and parents took good care of this by means of a network of chaperones. Lovers on the silver screen had not yet made their bow, and though some condemn them as being the means of making boys and girls sex-conscious too early, they do offer a fairly normal representation of modern love-life and make for a

degree of art and finesse in courtship that can be most helpful to shy and clumsy young lovers

The summer session drew to an end and there was always a smile and a secret caress from 'Pericles' as he demonstrated at my microscope, though we spoke not a word that was not strictly botanical. When the session ended and we said farewell, he begged me not to take love too seriously but to snatch its delights in the spring of life. Good advice for some, but I had already dedicated myself to medicine and did not see how love could combine with it. In such matters we had to work out our problems for ourselves, for we could not seek advice from our colleagues, we dared not approach our Victorian parents, nor was there any book which gave instruction on such a subject.

As it was, absorption in study, daily contact with patients and long confidential talks with them in the wards, the thrill of learning to make a diagnosis, the gradual elucidation of a differential diagnosis, the joys and sorrows, the elation, anxiety and excitement of the surgical wards seemed completely to fill my young life and I asked for nothing more.

I realised, however, that I must have had a tender feeling for 'Pericles' and he - accomplished charmer - had sensed it. I began to think that I was probably capable of developing a like weakness for the next handsome man who came my way, for good looks, manly bearing and baritone voices already appealed to me, and I saw that I should have to keep a close watch on myself. My family motto was *Prenez garde* (Beware), and henceforth it was to be my watchword. There was, moreover, no time for silken dalliance in my student days and I was well content.

The winter session was less joyous, but the study of chemistry and physics kept us busy practically all day in lecture theatres and laboratories. We used to meet socially at the home of our physics lecturer, Dr Dawson Turner, and his charming wife. This made our relations with the men far more friendly and natural, since they saw that our lecturer was interested in all his students. No pleasanter class could be imagined and though 'Dawson', as we secretly called him, appeared to be unapproachable, for there was never a flicker of a smile on his pallid fine-drawn countenance, his deep-set eyes often registered amusement and I sometimes felt that he was shaking with suppressed

laughter, as I look again at myself and my companions of those days, I am not greatly surprised!

Was it to chaperone us or was it because the lecturer's wife enjoyed the admiration of the men students that she sat each day with us in the front row of the class? She was worthy of admiration, for she was gracious and attractive in a piquant way, she wore violets or lilies of the valley, little sable tuppets, high-heeled shoes, smart clothes and a delicious musky perfume.

One morning she tripped into the lecture theatre with ash-blond hair, which had been mid-brown on the previous day. A woman may now tint her hair red, blue or green with impunity, but this was not so a few decades ago in Edinburgh. From that day it began to be (quite erroneously) whispered by some that, before her marriage, this little lady had been a tight-rope walker, by others that she had been nightly shot out of a circus cannon and, worst of all, a ballet dancer.

I had always admired this gentle lady, had played her accompaniments when she sang innocent little songs like 'I'm called little Buttercup' or 'I remember meeting you in September '92', but when I heard she had been a dancer, I felt a great affinity with her, for I too was a dancer, though I had the sense to keep it very dark!

A girl might sing and play the piano or a stringed – though not a wind – instrument, but might not dance except in the ballroom in the arms of a man. I could never understand why it was that Terpsichore, divine muse, should be so maligned – and now, miraculously, less than half a century later she is fêted above all her sisters.

Mrs Dawson Turner, however, went on her quiet way, oblivious of gossip, and continued to invite us to musical parties in the gracious old house in George Square. This devoted couple seemed to me like elegant, long-legged, exotic birds among hooded crows, or hot-house flowers in a frozen land – too glamorous for our east-windy city – but they must have cheered many a 'fresher' as they did me.

Dr Dawson Turner was one of the X-ray pioneers and, alas, like others among these heroes, he paid all too soon the price of his early contributions and experiments in this speciality.

We made the acquaintance this session of Dr Joseph Ryland Whitaker, who was to instruct us in anatomy for the next three years,

laying the very foundations upon which we were to build for the rest of our medical lives. This unique personality poured out his heart, soul and every ounce of energy in teaching students – summer and winter, in session and during the holidays, for nearly half a century.

At our first lecture it was bewildering to observe that the doctor was so near to tears that it was difficult to make sense of what he said. He eventually gave up trying to lecture and, taking us into his confidence, told us that he had just become a widower, he spoke of his happy married life, of his intense grief and the loss from which he felt he would never recover. He told us how he had first been attracted by the slenderest ankles in all England and they had belonged to the one who became his beloved wife and the best of mothers. Our hearts went out with sympathy to this bereaved man who thus took us into his confidence and treated us as adults and equals at this our first anatomy lecture. Having spoken at some length with deep feeling, he dried his eyes with a very ragged handkerchief and told us to forget what he had said and not to be sad but to listen and observe.

Joe Whitaker worked with all his might to develop our powers of observation and visual memory, so essential to the doctor, but if this failed – as it often did – he had endless mnemonics, rhymes and incantations to stimulate the aural memory. Some may smile at such methods and consider them beneath contempt, but they were invaluable at professional examinations and indeed in medical practice they still have their uses.

There can be few of Joe's ex-pupils who have not blessed him and who recall his spare figure in its neat old-fashioned suit, reminiscent of 'the naughty nineties', his lean mask adorned with brindled mutton-chop whiskers, his lank forelock, his prominent, eager, bright blue eyes. He lectured and demonstrated, never apparently tired or out of temper, from morning till night – only stopping now and then to take a long sighing breath and to begin, all over again, or to laugh heartily and toothily and vow that he would beat anatomy into the very slowest of us. Few of his students ever saw him again once they had qualified, but it is unlikely that they ever forgot him. Probably they only realised later their great indebtedness to him.

The anatomy class seemed like recreation and I looked forward

eagerly to it each day, for the teaching was crystal clear and the specimens were easy to understand. It was all observation and memory and this suited me very well – no effort was needed on my part to walk off with the class medal, for it was Dr Whitaker who did all the work.

Our examiners were Professor Cossar Ewart in zoology, Dr Knott in physics, Professor Bailey Balfour in botany, and in chemistry the ancient and fabulous '*Crummie*' – Professor Crum Brown. He had already been Professor of Chemistry for countless years and was still lecturing. This ancient alchemist in skull-cap and long gown had the reputation of being a stiff examiner who often failed students several times over, but no such catastrophe fell upon our group of women, who all sailed through, as they well deserved to do.

And now the first professional examination was over, though this was only the first hurdle. So far so good, it was at least a beginning and we were 'freshers' no longer.

### CHAPTER THREE

## Alas, Poor Yorick!

I WELL REMEMBER a certain summer afternoon when I passed through the creaking wicket-gate and entered the old kirkyard that lies hidden at the foot of the Ochils. Wading in the lush grass, thick with clover and buttercups, which half hid the grey stone tombs, I idly read the names graven there, many of them fading and some already obliterated. Here, members of my mother's family had been interred for generations, and wherever they had died, in lands far or near, they had found a last resting-place in this ancient and neglected Scottish churchyard.

I was familiar with the names of those ancestors of mine, for I had tried to spell them out on the headstones as soon as I knew the alphabet, had I not picked out the green moss that so quickly filled up the deeply-cut letters with the pin of my only brooch, a crescent moon with a four-leaf clover on its rim? Had I not, on many a Sunday, trotted beside my grandmother up the brae to the old church, half an hour before the crack-pot bell began its dinging, so that she might visit her

under her Stuart bonnet. Her dress of rustling black silk and her beaded mantle proclaimed that this was the Sabbath Day – a day not only of prayer, of supplication and of mourning, but also a social event, and her very best clothes were kept specially for that day of days. My grandmother's face, so sweet and pleasant on weekdays, was set in a sad mould on Sundays, and I copied her, playing my dreary little rôle

of bereaved, distant descendant I would not have dared to skip about and jump over the headstones as I longed to do, but padded about lightly like my grandparent

Elderly friends glided up to her in their widely trailing skirts, and on their drooping heads were bonnets trimmed high with flowers, plumes, bugles or *crêpe*, as season demanded. Even as a child I could, however, see that they enjoyed this weekly conclave, for the talk was not only of the dead but of the living, though nearly always concerned with sadness, such as failing health, family weaknesses, the too frequent pregnancies of this one and the barrenness of the other. Talk of wedlock fascinated me, and, from what I could make out, it was all a very chancy business, yet it seemed that it was better to go through with it than to remain for ever a maiden. We were dressed in our newest and starchiest clothes, high-buttoned or laced boots and tight kid gloves, in the palm of which was hidden our silver collection (a little silver threepenny bit) which had to be cast into the plate at the church door, not without a pang.

The walk to church, the dilly-dally in the churchyard, these were the preliminaries, the *apéritif*, to the long service in the musty box-like church which was only opened on Sundays and fast-locked all the week. The high-backed pews and the learned, soporific sermons were bearable, but the singing — 'Oh, that buxom soprano who battled for supremacy a semitone sharp and ahead of the beat, and the alto who was flat and lagged behind it! The singing was by far the worst ordeal that had to be endured.

But on the summer afternoon of which I write, I was seventeen and it seemed a long time since those days and I recollected how solemn and uncomfortable we children used to be on the Sabbath Day.

Now, a decade later, the singing was even more execrable, and the precentor, older and more irascible, hussed angrily in vain while each tried to be heard above all the others. I had begun to let my thoughts wander as I sat in church on the previous day, begun to feel that as a medical student I was *wasting my time and that I'd be doing better sitting out in the sunny kirkyard on one of the table gravestones, studying — for were there not enough dry bones there, tossed up and swept under them, to serve an anatomy class?* In a few weeks my

studies in human anatomy would begin, for I had already passed my first professional examination in zoology and the subject had enthralled me. It made me begin to understand something of the manner of the origin of species and to compare the Darwinian theory with the religious teaching I had received concerning the divine creation of the world and of all things therein in one week.

Thinking thus on that afternoon, yet feeling that the one thing that mattered was my medical career, I resolved that if I should see any bones in the churchyard I would pick them up and get to know the look and feel of them instead of averting my eyes as my elders always did when, as so often happened, they encountered them in the churchyard.

I saw that Sandy was digging a new grave in common ground, and was apparently not enjoying his task. It suddenly seemed to me that Sandy, the unlettered but wise old grave-digger, and the young, ignorant medical student might each have the same subject in mind that afternoon. After greeting me, Sandy complained that he was over-worked owing to the expansion of the village, and he spoke at length upon the cause and effect of this.

'By-and-by,' he continued, 'they're telling me ye're going for tae be a leddy doctor and ye're at the univarsity. Hae ye studied the banes yet?' I told him I hadn't, but that next session I would attend anatomy lectures, starting with the bones, and later would carry out dissections on the human body.

'Oh, thae banes,' wailed Sandy, 'they're the plague o' ma life. This yaird's that auld and that thrang that there's nae room for the auld banes, let alone the new corps.'

After talking of one thing and another, Sandy said, 'Weel, weel, I maun stop m'bletherin' and get on wi' m'work,' and with that he dug his spade into the earth and there was a scraping sound. 'Och, Och!' he groaned, 'it's anuther o' thae skulls - there's nae end tae them in this part o' the yaird. Aye, aye,' he reflected, 'noo what dae ye think o' takin' ane o' them awa' wi' ye? It's likely lain here this hundred year or mair and naebody can tell who it is - for aw we ken it micht be ane o' yer ain forbears or ane o' mine, and if that's sae, ye're welcome tae it.' He fired the object, which was to me unrecognisable - a round ball of



earth upon which great earthworms were writhing inquisitive

'I doot it got a bit dunt wi' ma spade, but it'll maybe be nane waur o' that and will answer yer purpose.' And off he went to cabin, returning with an old newspaper, into which he plonked earthen ball, rolled it up, and thrust it into my arms. How heavy it - or did I only think so? For I felt a little guilty - another Dr Knox, anatomist, or even a kind of modern body-snatcher.

But Sandy silenced my conscience, for his kindly eyes had noted hesitation. 'It'll be faur better in Edinburgh wi' you than lying in canld clay, and I hae nae doot that it'll help ye in yer doctoring.' cautioned me not to say a word about the transaction, telling me (w I already knew) that country folk were superstitious, especially cerning death and the grave, and that if they got to know of Sand gift to me, the consequences for both of us would be serious : lasting

'Ignorant folk,' he opined, shaking his old grey head, and ad reflectively, 'I've had a lot o' time tae think, workin' here ma lane, a noo-a-days I'm no sae releegeous as I ocht tae be. Na, na, I ca believe that the deid rise again, sae this heid will no' be required he. But I maun hurry noo, while it's licht,' and casting a weather upwards, he added, 'It's been a gey fine day, but it looks like as if we hae a storm the nicht.' He bade me a kindly good night and struck spade into the ground for the second time without encounter opposition.

Hug- the parcel in the crook of my arm, I hurried home, thin ing of . . . the unknown one from his casing earth . . . our cotta and wash him in the burn . . . ks, then with the aid of a birch twig, I soon saw the *lineament* - soldie sailor, tinker, tailor - forebear of mine or of Sandy's? I decided he wa soldier, but what did it matter? It was to me already an anatomic specimen, to be treated, as are all period pieces, with care and respect. There would be no 'Alas, poor Yorick!' from me.

I placed the skull between the two boulders and decided to leave there during the night, to rise early and bring it back in my haversack without a soul being any the wiser.

The sparkling hill water gently washed away the soil and stones that had so long encased the bone-work, and I began to see, with a feeling that amounted to elation, how much more complicated and beautiful was the structure than anything I had seen in the zoological world. I became keener than ever on the studies that loomed ahead and longed for the winter session to begin.

I already knew that medicine was the life and work for me, and the ancient skull would give me something on which to ruminate till the session began. I looked forward to the next morning when we should meet again at the little burn which wimpled down past my bedroom window, never had I been so aware of it as on this warm summer's night. But not for long, for I was soon fast asleep.

Towards midnight there arose a most terrible storm which proved to be the worst in the memory of any living inhabitant of the village. The wind blew a hurricane and trees were smashed down, farm doors flew open and chimney pots and roof slates went flying. Flashes of lightning synchronised with great bombs of thunder and rain fell so heavily that the burn began to come down in spate. Some even said that there was an earth tremor, for in that part of the country such happenings were not unknown.

My first thought was for 'the warrior' (for so I meant to call him), might he not be borne down by the spate, past our cottage, through the village, and out to the River Forth? Worse, had he been salvaged on his journey, and was he even now reposing in the office of the local constabulary? My imagination was doubtless heightened by the dramatic effect of this freakish storm, for the elements were in such an uproar that it was the subject of conversation for weeks to come and was long remembered. Half-awake, I wondered if there was something, after all, in the wrath of God, the fearful punishment of evil-doers, for children in my day were brought up on the maximum of Christian terror and the minimum of Christian love.

It is, indeed, not too much to say that many Scottish children went through a mild conflict, which might almost be termed religious melancholia, before their first decade of life, and that some carried their guilt and fears with them into adult life. Superstition, too, was ingrained in children, though it was lessening, and our elders often

laughed over the forebodings of their parents while they themselves still retained a number of them

Early in the morning the storm abated and as soon as I could leave the house without exciting the curiosity of my family I hurried up the hill, fearful as well as superstitious. But when I reached the spot, there was my warrior safely cradled between the two rocks, the stream eddying round him, washed clean of every impurity, he looked grateful and seemed to smile good morning to me. My spirits bounded up now that fear of detection was over and I recollected that Sandy had said yesterday afternoon that a storm was brewing

What a fool I had been to be anxious and to give way to superstitious fear! I believe this was the beginning of my casting out of the old wives' tales of which in early childhood I had imbibed a goodly store. I made up my mind there and then that I would trample upon the lingering traces of my superstitions, for, as if by a flash of lightning, they were suddenly illuminated and revealed to me.

The warrior was safely in my haversack and, springing down the hill, I was soon back in the cottage, and he was safely locked in the modest green tin trunk which held all my possessions. There I would keep him as my dark secret—yet one which I hoped would reveal many things to me.

When I walked out that morning everyone I met spoke of the dreadful storm and of the damage that had been done. Miss Maggie McNairn, the oldest inhabitant, said, shaking her head and with tears in her eyes, 'It was just such a storm the night my grandfather died.' I could not help asking where he had lived and died. 'He lived here all his days and lies over yonder, in the kirkyard.' I feel sure that if Maggie or any of the others had known the secret shared by Sandy and me they would have believed that the body had been coming in anger to search for its missing head, and that I would have been told that I had brought a judgement upon the whole village. It was too late in the day for ducking me as a witch, but not too late to bring down the curses of the inhabitants upon my head.

I met Sandy in the village on his way to work that morning, but beyond a cheerful nod and a 'Fine mornin'', all he said was, 'I telled ye

that we were in for a stormy night,' and never again did he refer to our transaction

The warrior helped me to get a flying start in anatomy in which I won first prize that session. I continued to benefit by his help when the vault of the skull was carefully sawn off, allowing the base to be seen with its delicate structures, and these astounded and delighted me

Many years have passed since then and the warrior has not aged one whit, though he has been through two great wars and has even survived the blitzing of my London home. He has been lent to many keen but impecunious medical students, who have been duly grateful for his help and have returned him in good condition.

Nevertheless, I am beginning to feel that his work is almost done. What with grants and bursaries, students are not so poverty-stricken as they were, nor do actual bones seem to be needed when ingenious plastic models take the place of nature's handiwork.

I am thinking, therefore, of returning my warrior to his native soil, and one summer evening in the gloaming I shall find a way to restore him to his fathers to lie beside them till the Judgement Day 'Soldier, rest! thy warfare o'er'

I ask myself why I have decided to carry out this mission. Is it that it seems the simplest method of disposing of the warrior? It would, however, be even simpler to cast him into the sea. But would he, who was surely a hull man, lie comfortably upon an ocean bed? Disintegration in the burning, fiery furnace was considered, but any thrifty Scot would reject this as a needless extravagance.

Is the basic reason for this decision, made half a century after the warrior's abduction, due to the effect of early Biblical education stressing the fearful rending of the tombs at the great Resurrection Day? Or is it after all an atavistic trait, a remnant of the taboos and superstitions carried to us from our remote ancestors, a legacy which will doubtless persist in the human race for countless ages to come?

## CHAPTER FOUR

### *Pons Asinorum*

OUR NEXT GOAL was the second professional examination, which took place at the end of the third year. This was aptly named the *pons asinorum* for once successfully over this bridge students would almost certainly qualify, while those who could not stagger across it often decided to 'chuck medicine'.

The subjects were anatomy, physiology (which subject under Professor Schaeffer had assumed gigantic proportions), and *materia medica*. The work involved killed one or two students and made nervous wrecks of a few, but those who worked hard and kept their health had quite a fair chance of getting through. We had to meet the challenge of many written papers, practicals, orals and dissections — a severe test, but having crossed this bridge, nothing nearly as fearsome was found on the far side.

For weeks before the examination there were few students who did not overwork, and those who like myself were keen 'dressers' and attended hospital each evening were obliged to study well into the early hours of the morning.

Before the end of the third year we had put in two years' lectures on systematic physiology, chemical physiology, experimental physiology and histology, Professor Schaeffer having decreed that this subject was of paramount importance. It was a great disappointment to us, and later it proved to be also a sorrow, that we were not permitted to attend this great physiologist's own lectures on these subjects.

The session began with histological lectures and in these we learnt about the structure of organic tissues which were stained in various colours, making the microscopic picture both fascinating and beauti-

ful. Our lecturer, Dr David Noel-Paton, was the son of the renowned Scottish artist and in appearance was the living image of Jesus Christ in his father's painting

He lectured *clearly and concisely* as he strode between the tables, handsome, free-moving, haughty in mien but friendly and helpful, his diction, his aristocratic bearing, his good looks and wide culture, would have fitted him to be a great actor, diplomat or politician, but he spent his whole life in lecture-rooms and laboratories in the speciality of physiology. He left at the end of the session to become the Professor at Glasgow University – which we, after the manner of Edinburgh citizens, thought a great come-down for him.

Dr Noel-Paton was assisted by women demonstrators, but, as there was no future in physiology for them, one by one they were obliged, however brilliant, to give up their chosen speciality and seek some other type of medical work. The men demonstrators, on the other hand, had excellent prospects and became in due course lecturers and finally professors. We saw all this but it did not disturb us, for we felt that better days were near and it was enough for us meanwhile to get through our examinations.

We had great cause to regret the departure of Dr Noel-Paton for the lecturer appointed in his place was inexperienced and, whether it was that Professor Schaeffer knew that we had been insufficiently instructed or whether all of us had done bad papers, the fact remained that every single one of us was ploughed in physiology.

The subject which completed the trio for the second professional examination was *materia medica*, which was agony for those with poor memories, consisting as it did of knowing all the basic drugs and the preparations derived therefrom. In the practical class we learned to spot the various bases, to make pills, to fold powders and to make up mixtures, to write prescriptions in faultless Latin – in fact, to do dispensers' work – and our lecturer, Dr Craig (Daddy Craig to students), though frail and old, took endless care to teach us, and knew each of us by name. Students remembered very little of the subject, once they had memorised it for the exam, knowing that when they were doctors they could rely upon the British Pharmacopœia and need not tax themselves further.

The venerable 'Daddy Craig' had been for long years a consultant physician, and his bearing proclaimed his calling as he gravely entered the class-room attired in a frock-coat and sponge-bag trousers, black kid gloves and top hat with a mourning band which when removed was seen to contain an old-fashioned wooden stethoscope. His kindly face was fresh and set off by a long white beard and his blue eyes looked anxiously over his pince-nez. His earnest delivery savoured of the pulpit and many became somnolent as he droned on with hardly a pause.

He seemed to be specially careful to instruct us in drugs which were abortifacients, and to warn us against prescribing them. Sometimes he addressed himself particularly to 'those among ye who are intending to be missionaries of the Gospel' and might continue thus, 'Now mind that the weemen in Eendia use this drug to procure *a-borc-shun*.' Whenever he used the word 'abortion', he pronounced it with great emphasis, and the men sitting behind us amused themselves by stamping and calling out 'Shame!' 'Aye, it's shameful, shameful,' Daddy Craig would echo - though just what the technique of abortion might be or even why it must not be encouraged, some of us had as yet not the vaguest notion, nor did we inquire further about this apparently disgraceful subject.

Our lecturer had endless traditional rhymes by which generations of students had been helped to memorise *materia medica* for the examination, though these even then seemed rather farcical, such as

'Tis colchicum the gouty patient needs -  
A wine, an extract from the corms,  
and a tincture from the seeds'

*Materia medica* certainly required a real feat of memory - nothing more nor less - and for many it was a hard task, but for those who could reel off the preparations parrot-wise it presented no difficulties whatever, and the students blessed with good memories romped through the exam.

Some of our lectures were taken at the College of Surgeons together with the extra-mural men students and, curiously, they did not seem to

resent us, being kind and friendly, though in those more formal days we kept them at a distance. One of their favourite sports was to try to make us blush, and they kept a keen watch to see whether we should visibly betray maidenly shyness during certain passages in the lectures. The lecture-room mercifully was chilly, so we could legitimately turn up our coat collars and thus hide the blushes which so greatly mortified us.

Among our lecturers were rising young men who were glad to take a class of women as a stepping-stone to some higher appointment. We gained also, for we received almost individual attention since our numbers were so small. These extra-mural lecturers were courteous, though a trifle distant, and by their influence did much to improve the status of the 'lady medics', we had much cause to be grateful to them.

During our second and third years we made an intensive study of anatomy, attending every afternoon at Minto House.

The first entrance into the dissecting-room was for us, as it must have been for generations of men students, something of an ordeal. There lay the new subjects undissected, and we students found the sight both awesome and pitiful, though we did not betray our feelings by so much as a blink of the eyelid. On each of the old deal tables topped with slate lay a cadaver ready for us to begin our dissections.

The sun shone from the high windows upon the slender body of a young woman with wistful hollow cheeks, long tapering fingers, slim ankles and tiny, highly-arched feet. Who was she? — just 'one more unfortunate'? Unknown, alone, her body unclaimed by kith or kin, she was one of those allotted to our dissecting-room, and in death was of valuable service, for through study of the structure of her body we would be enabled to help mankind.

But it was not this frail subject that the juniors were to dissect, but a middle-aged muscular man, well nourished and of noble build. He had 'likely died of the drink', Mrs Meikle told us, and the other was likely a pair light lassie of the streets.

In a day or two we were able to take it all in our stride, and dissected contentedly two by two, the juniors on arm (upper extremity) and leg (lower extremity), while the abdomen, chest, head and neck fell to the seniors. We talked of the morning's work at the hospital as we dis-



sected, some neatly, some a trifle clumsily. Our equipment was contained in a small wooden box, rather like a pencil-case, which contained four scalpels, a pair of dissecting forceps, a probe, scissors, and hooks on the ends of chains which were used to draw back the muscles.

One student read out from Cunningham's *Manual of Practical Anatomy* while the other dissected, and turn about we closely followed the directions given therein – as countless students must have done before us and as they will surely continue to do for centuries to come.

My partner and I were apportioned the lower extremity and we implicitly followed the instructions given in the book.

'On the morning of the fourth day after the subject has been brought to the dissecting-room, it is placed upon the table lying upon its back, and in this position it is allowed to remain for five days, and during that period the dissector of the inferior extremity has a very extensive dissection to perform. With so much to do in a limited period of time, he must apportion the five days to the best advantage.'

Each day's work is laid down with full direction for surface markings, reflexion of the skin and examination of the fasciæ in the superficial fatty layer in which the terminal blood vessels and nerves are embedded. The dissection became more and more fascinating as the deeper layers were reached and a source of wonder, sometimes of dismay if we could not find the object for which we sought. The nerves were white and stringy, the veins flat and empty but distinct, the arteries round and resilient, the whole drenched in formalin, irritating at first to the nose and eyes and roughening the skin of the naked hands. An ugly red waterproof apron with bib was worn, or a simple drill overall, dowdy in cut and colour, for those were the days before attractive overalls could be bought ready-made.

The inferior extremity dissectors began to panic and hurry, for

'at the end of the fifth day, the dissector must paint the anterior and medial regions of the thigh with preservative solution, replace them in position and fix the skin flaps over them with a few points of suture.'

On the morning of the sixth day after the dissection of the lower limb had been begun the subject was placed face downwards on the table and allowed to remain thus for another five days, 'during which', says Cunningham, 'the dissector has again a very extensive dissection to perform and must apportion his time carefully, giving the first two days to the gluteal region, the third and fourth days to the popliteal fossa and the fifth to the back of the thigh and to revision of the previous four days' work.' Thus on and on – the various postures of the subject were altered systematically so that dissections could proceed smoothly and in order.

Some students were naturally neat and careful, others were willing but clumsy with their hands and were often bewildered by the difficulty of identifying objects encountered. On those occasions, Dr Whitaker's assistant, Dr Julia Pringle, came to our aid. She was a brilliant anatomist, a warm friendly being who created an atmosphere of hope and cheerfulness that almost amounted to jollity. She was, moreover, a rare raconteuse of Scottish and French stories and such a fine mimic that Mrs Meikle was often heard to say, 'Dr Pringle could mak' a far better livin' on the stage o' the Empire Palace than at Minto Hoose.'

Mrs Meikle was no mean judge of 'variety' talent, since she was wont to sit each Monday night 'in the gods' at the Empire Palace Music Hall. The entrance to the gallery was in Potterrow, only a stone's throw from Minto House, and here – for sixpence – she must have seen a galaxy of brilliant performers.

Mrs Meikle would often cheerily lift music-hall songs while going about her work. Her life certainly needed brightening, for part of her daily lot was to ascend the long stairs from the bowels of Minto House to the top floor, to clear up the dissecting-room, to see that our subjects were properly moistened with formalin and covered with jaconet and to scrub the large floor.

In the dark and dreary basement, she and Mitchell – Dr Whitaker's head technician – prepared the subjects for us. This required both skill and experience, for one of the duties was to inject the arterial system with a carmine-coloured disinfectant fluid. Mitchell was said to be second to none in his own line – this melancholic old man who lived out his long life in dissecting-rooms, dragging himself stuffily on his poor

flat feet between Surgeons' Hall and Minto House, speaking seldom and smiling not at all, but at least enjoying his 'cuttie', a short clay pipe which he puffed audibly and appreciatively

Mrs Meikle had learned from Mitchell to attend to the niceties of the work in our dissecting-room and was punctilious about sorting and arranging the bones and specimens. In this task she was helped by her children when they returned from work, for Johnnie, a runty little fellow, was a postman, and Nellie was 'learning the tailoressing', but there was little they did not know about dissecting-room technique

She now and then recognised some of our anatomy subjects, having always lived in the old town, and one day she said to our lecturer, 'Dr Pringle, when ye get doon tae dissect the voice-box o' that new subject, let me hae a bit look at it! I kent the party weel an' she was an awfu' bonnie singer'

Great care was taken by the old dame that everything should be in order when the time came to lay the subjects in earth, everything must be in its right place in each particular box, so as to be ready for the Day of Resurrection

We used to enter the dissecting-room for the afternoon's work smelling strongly of carbolic and iodoform (as we had spent all the morning at the Royal Infirmary) and we left it reeking of formalin, having washed inadequately in cold water, but thus the snell winds of Edinburgh dispersed long before we reached home. We felt no hardship in the utter lack of amenities and, though the dissecting-room was uncomfortably cold in winter, it never occurred to us to complain, for we were very grateful to be allowed the privilege of being there at all

We women had that spacious dissecting-room to ourselves and no man student might enter it, similarly, we were not allowed to penetrate into Joe Whitaker's dissecting-room in Surgeons' Hall - which, incidentally, was situated almost on the old Surgeons' Square site, the scene of the transactions of the notorious Burke and Hare with Dr Knox and his assistants

Quite recently, on a quiet Saturday morning, greatly daring, I entered this dissecting-room in order to satisfy an adolescent curiosity to know what lay behind the forbidden door. 'Come in, come in,' called cheerful voices, and I was astonished to see young men and

women bending over their dissections, some reading, some dissecting, two by two, cock and hen, some with arms entwined, some cheek to cheek, all of them working together in perfect accord

I could hardly believe my eyes and said how glad I was to see them dissecting together, they were vastly amused but quite incredulous to hear of the bad old days when the sexes were segregated. They had not realised that women had had such a stern fight to enter medicine, or that in my student days there still remained prejudice against the 'lady medcs', for, as they said, 'you don't look so very old' 'And you all look so very young,' I replied I found, however, that none of these students was under twenty years of age - at least two years older than our average at the same stage, presumably because the minimum age of entry to the Medical School has been raised to eighteen, whereas we were free to start at sixteen.

I feel that it was a distinct advantage to begin to study medicine early, for after five years' study we could graduate at the age of twenty-two. Now the course takes at least six years, after which one year must be spent in hospital before the graduate is registered and able to practise medicine, by which time the age of twenty-five has been reached, and this seems very late to start one's life's work and really begin to learn.

At the end of the third year we took the second professional examination, involving some ten written, practical and oral examinations. Those who passed could flap their wings and realise that the worst was over and that in two years' time it was likely that they would be doctors. No doubt they soon forgot not only their labours but much of what they had studied so diligently. Anatomy, however, had to be remembered, for it was of the utmost importance in the surgical and medical wards and in the post-mortem room, and we were constantly quizzed on the subject. Physiology was completely forgotten except for the basic principles, for we did not realise its importance until we reached the medical wards. Nearly all *materia medica* retreated into oblivion - though I still remember all the rhymes and can spot the specimens on dispensary shelves. The complicated prescriptions in Latin which we learned to write are no longer in vogue, and proprietary drugs in attractive and palatable form have displaced

## MEMORIES OF A DOCTOR

them. Pharmaceutical preparations made in the laboratories of chemical factories improve daily and amazing progress has been made in this speciality.

All the world has heard of the wonders of treatment by penicillin, the sulpha drugs and indeed of a whole group of antibiotics which have appeared in little more than the last decade. They have made recovery possible in certain maladies which formerly carried a death sentence, and great developments can be expected in therapeutics in the future.

## Surgical Dressers

IT MUST SEEM STRANGE to medical students of today that we began to attend hospital for clinical surgery immediately after we had passed our first professional examination. This arrangement was most welcome to us, for it gave our theoretical studies real meaning and interest and made us realise why we must never forget our anatomy.

There surely were few students who were not enthralled, as I was, to enter the Royal Infirmary and begin to observe the wonders of surgery. The juniors were privileged to participate with final year students in clinical surgery, to be present at all the lectures and clinics, to be quizzed like the seniors and to be summoned to the floor of the theatre to examine and diagnose cases. Thus we were 'walking the wards' for four successive years.

By the end of that period we had seen a great variety of cases and had become thoroughly familiar with the approach to patients, this we were not taught in so many words but learned it by observing our chiefs as they demonstrated cases at the clinics. The patients were treated with courtesy and with great consideration for their feelings, apprehension and anxiety. They were addressed by their proper names, 'Mr Black', 'Mrs White' or 'Miss Green' – not as 'Grannie', 'Mother', 'Mum' or 'Dear', as is often the unpleasant habit today. Thus a personal contact was made with each patient, who was not 'just another case'.

We went to the Royal Infirmary on every weekday both morning and evening, and on Saturday mornings attended the skin clinic, at which several hundred men students and doctors were present and where all manner of strange and baffling cases were demonstrated.

'Skins' had not long been a speciality and it seemed to us that some of the patients never got any better with treatment. Many of them were pathetic figures, especially if face or hands were affected, for people were apt to shrink from contact with them. This had a bad psychological effect upon the patient, making him develop a 'leper complex', although his malady might not be in the least contagious.

The fundamental causes of skin diseases are much better understood today, especially the important part played in their ætiology by mental and nervous processes. Skin troubles due to poor hygienic conditions in the home or the factory are lessening, but those caused by nervous tension are increasing; treatment, however, by new drugs has helped, allergies are better understood and the results are now far more satisfactory.

Sunday work in the hospital was not permitted and this must have been a relief to the sisters, for students make a deal of extra work for the nursing staff. Prayer meetings were held in the wards and were often taken by our missionary students, who rounded up those of us who could sing or play to assist them on Sunday mornings. Those solemn, self-effacing students astonished us by their eloquence and fervour in preaching and, while they conducted these religious services, it was plain to see that medicine was only the vehicle for their chosen life's work, the spreading of Christianity.

My humble part was purely musical, and the patients who were well enough joined in the singing, the younger ones preferring cheerful rollicking hymns, the older women enjoying the more lugubrious ones where they could linger long on - or off - the note. Sometimes the services could not be held because of the critical condition of a patient, and it became clear to me that while the services uplifted some they depressed others.

Soon I began to spend my Sunday mornings in study or in darning my black woollen hand-knitted stockings; I rarely took part in the ward services and seldom went to church. I felt that I could make better use of my time by studying, for I was often weighed down by the thought of all the sickness and the suffering in the world, though at times elevated by seeing how much could be alleviated by skilful treatment.

We did not think much of the budding missionaries, for they took far more interest in divinity than in medicine and we thought they spent too much time each day in religious study. Our missionary sisters, however, had a pleasanter time socially than we bright young things. They were on friendly terms with the men who were likewise bound for the mission field, and also with the Divinity Students' Union, for they were all bound together by the same high aims and ideals. Quite a number of the missionary undergraduates became engaged and, after graduation, married and went off hand in hand to work in some distant foreign field.

We others seemed to be considered traditional enemies by the men and were the constant targets of their criticism and even hostility, though this was veiled and did not take the anti-social form that it had done twenty years earlier. They ignored the 'lady meds', for this was the order of the day among the senior students and the majority of the doctors. Nevertheless, the life force would out and the very observant might discover sly romances, secret but exciting, ardent but undemonstrative, for few of the men students would have had the courage to admit that they were courting a 'lady med'. These affairs, however, were for the few, most of the students being too serious and studious, and too impecunious, to contemplate such delights. In my own arrogance and inexperience I determined never to let myself fall in love, for I intended to devote my life to my profession, in which I deemed that marriage could play no part.

How any of us had the courage to enter medicine at such a time is a mystery to me. We still studied under a good many disadvantages and observed that the women doctors had to put up with very cavalier treatment by their men colleagues, who criticised, patronised or were even blatantly rude to them.

If we were feminine in attire or demeanour or had the effrontery to wear high heels, a dizzy hat or the charming 'Merry Widow' curls then in vogue, it was deemed that we could not be serious, worse still it might be argued that we were too pretty or too nice to be studying medicine and this was considered even more devastating.

*The Student*, the university magazine, expressed it in the line of a poem, 'Delving in a corpse's wame is neither sweet nor womanly'.



The plain dowdy women students were on the whole preferred, for the men could then hoot with laughter and label them all as freaks, jokes or monsters. In fact, it was apparently impossible to strike the happy mean and to be just an ordinary young woman. It was clear that mannish suits and hob-nailed boots were less frowned upon than lace on the petticoat. The men seemed surprised and annoyed that the attractive women could stay the course.

The first two years at the Royal Infirmary were spent in the surgical wards, which were always full to overflowing, for there were quick results and an ever-changing population. One day a grievously ill patient might be admitted, sometimes for an emergency operation, and the next day was well on the way to recovery. The patients did not all recover. Some of them died, frequently because they came too late for surgical aid to be of any avail, in those days many delayed seeking advice because they feared surgical operations. We observed those cases with a real though hidden sadness and watched the efforts of our chief and his assistants to save their lives. 'Never give up hope,' 'Work for the patient till the ultimate moment of life' - these were the watch-words of our chief, who was one of the many brilliant surgeons serving the Royal Infirmary, teaching, lecturing, operating, spending a great part of each day in the hospital, giving their services voluntarily and attending their private patients in nursing homes in the intervals of their hospital work. They led full, anxious and overburdened lives, caring little for monetary rewards, which for some must have been negligible. The names of these surgeons were, however, well known and spoken with reverence throughout Scotland, and great was the confidence placed in them by the patients and their grateful families.

Our first chief was Mr Francis Caird, whom we first met in 1906 in the large lecture-room in the Royal Infirmary, which he was using as a temporary operating theatre. Lister had lectured and operated there, and since that time it cannot have been altered, for there were great semicircles of shabby brown wooden seats rising steeply upwards towards the roof and a small semicircle of plain deal floor. On the day of our first attendance, there stepped quickly and lightly into the theatre our chief, then known to us only by reputation. With a brisk, even brusque, 'Good morning, ladies,' he began without more ado to

show the new patients. His words were specially directed to those in their fifth year while we, the juniors, sat behind regarding the seniors with something like admiration and awe, for we thought they must be omniscient.

They took not the slightest notice of us and we felt that they resented our very presence. They seemed to us very grown-up and even old, some were pretty and charmingly dressed, others drab and dreary. There was a diminutive Parsee lady in an orange sari, a large, blonde, bespectacled German, a Swiss of great beauty, several handsome New Zealanders, Australians and South Africans, many students from England and Ireland and a few from Scotland. To listen to the colour of the various voices, the different accents, was in itself fascinating, for, having had little opportunity of meeting 'Colonials' and 'Continental', I knew little or nothing of the great world and its people.

But now Mr Caird had begun to ask the seniors questions and they seemed greatly in awe of him. Some did not reply, a few appeared to answer correctly, others gave replies that astonished us juniors and we could hardly conceal our surprise that the final year students did not know everything. As the clinic continued, we thought that some of them were downright stupid and we juniors felt we could have answered the questions in reply to which they did not venture a word.

It was not long, however, before we were pounced upon, but, less being expected of us, we were not so afraid of making a poor show or even of making utter fools of ourselves. I saw with some relief that it was observation above all that was required, and in this both juniors and seniors stood on equal ground, memory was next in importance, especially for anatomy as well as for cases already demonstrated. Those who were blessed with good powers of observation allied to a good memory (visual, aural or both) found the surgical clinics endlessly interesting and enjoyable. It was fascinating to see each new patient, to watch the careful examination and follow the stages of the differential diagnosis. Each case was unique, but gradually it was possible to see that it could be grouped with others.

Mr Caird, perhaps because he initiated us into clinical surgery, remains for me a prince among surgeons and teachers. He was in his early fifties, already an experienced surgeon but, owing to a block in

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word he uttered and watched every movement of his artist's hands as they examined patients or operated upon them. I had ample opportunity of watching him daily at the closest range as I stood on the other side of the operating table handing him in sequence instruments, ligatures and needles threaded with silk, catgut or horse-hair. I never tired of doing this service and, as it was not a coveted task, I performed it for weeks on end and was often summoned to 'do instruments' when distinguished visitors were present. Mr Caird was a methodical operator, and it was soon possible to anticipate his wishes for retractors, artery forceps, bistouries, stitches and everything else. Never once did he reject the instrument or needle that I handed to him or send it flying across the theatre as I had often seen him do. Never once did he thank me or address me by name, though after the last operation for the day he would sometimes incline his head in my direction and make an almost imperceptible ceremonial bow. I felt amply repaid by this sign that I had been of use to him, for I worshipped this great master of surgery. The class prize fell to me, a case of syringes engraved with the name of Mr Francis Caird and my own. It has accompanied me through two wars and is still in good working order.

Mr Caird was a fine draughtsman, and as he lectured he made lightning sketches on the blackboard, his artist's smock billowing round him. His black eyes were made more luminous and piercing by the thick lenses of his pince-nez, which were removed only when he was deep in an abdomen and had to peer so closely that his pointed moustache was apt to come into contact with the patient's interior, and this, because of the risk of sepsis, never failed to make the theatre staff gasp in horror. Asepsis was not then absolute, and in some of the operating theatres the older antiseptic technique still obtained, surgeons were still operating without gloves, the instruments were first boiled and then placed in one-in-twenty carbolic and were handed to the surgeon by well-scrubbed naked hands, which soon became bleached by the strong antiseptic.

Before our final year was reached, masks, gloves and overalls were obligatory on the theatre floor and asepsis had been slowly evolved from antiseptis. Metal adjustable operating tables had replaced the old wooden trolleys covered with faded brown American cloth to which

the patient was strapped and then wheeled by a porter in his outdoor uniform straight into the operating theatre, where he surveyed with wonder and no little apprehension both theatre and audience.

After acting as dressers for six months we were promoted to clerks and were then responsible for taking the case history, describing the operation and making progress notes. Students chose their clerks and I was selected by Anna Chose, who became my dresser. I taught Anna all the clinical surgery I had learned, and never was there such an earnest pupil, nor was a teacher so drained of every bit of her garnered store of knowledge. Miss Chose was intelligent, a prodigious worker, but slow and of a very inquiring mind. 'Why?' was the word ever on her lips, except when she said, 'I do not quite understand . . ?' Through her persistence I learned much, for it made me think more clearly and express myself simply. This mature and shrewd Russian Jewess, red-haired, handsome and utterly devoted to the study of medicine, told me of life in her country and taught me a little of her language. The very name of Russia spelt delicious mystery to me, snow and the steppes, Napoleon's doomed expedition to Moscow, the Crimea campaign and, best of all, Tolstoy's *War and Peace* and *Anna Karenina*, which I had read while still a schoolgirl.

Anna Chose spoke of the hardships that she and her family had undergone, of pogroms, of confiscation of medical books at the frontier, of Cossack charges, the throwing of bombs through the windows of her home, of assassinations and death sentences, it all seemed quite unreal and over-dramatised and I used to laugh and call her 'the red nihilist'. Was she already preparing herself to serve her country after the revolution this woman I so much liked and respected? During my twelve month's sojourn in Russia years later I sought Anna, but in vain, for that monster of a country had swallowed her up and left of her not a trace.

At that period our clinical tutor was Mr Henry Wade (later Sir Henry Wade), who was then private assistant to Mr Caird. Twice weekly at the dreary hour of eight-thirty p.m. he held tutorials, and in a series of informal talks we were given an amazing amount of practical information. Bandaging, application of plaster casts and jackets, splints, preparation for operations, emergencies and a hundred and one

other things were taught to us. These tutorials, I realised later, had been carefully dovetailed into the clinical lectures given by our chief, Mr Caird, and must have required much study and prearrangement. Mr Wade had something of the same aloofness as his chief and though he knew our names he kept us all at a distance, he was full of energy, with a sly Scots humour and humility, and remained so all his long and distinguished life. I do not suppose he knew that most of the class were secretly in love with him, but this merely made them work all the harder to do him credit in the examinations.

The women students were not to enjoy this quality of combined instruction by chief and tutor for very long, for our chief was elected to the *Chair of Clinical Surgery* and became *Professor Caird* to a wide audience of men. There appeared in the current number of *The Student*, the Edinburgh University Magazine, the following poem

Wha' the deal hae we gotten for a Prof  
But the wee, wee Surgeon Cairdie,  
And when we gaed tae bring him in  
He was reddin' up a wife frae Airdrie,

Slittin' up and steiken' doon  
In his spittle-proof lang goon,  
Frisky gallants gapin' roon  
This wee, wee Surgeon Cairdie

Luck to thy whittle, Surgeon prime,  
Bang up the b'Listered seat of Syme,  
Oh! show mercy in our time  
Thou dear wee Surgeon Cairdie  
(signed) 'Lady Med'

What did we learn from 'Cairdie' besides what he actually taught us? Quiet formal courtesy to the patient, however humble, however degraded, and the sparing of his feelings. I soon realised that patients preferred the formal approach to the semi-jocular one, even though this was assumed by the surgeon to put them at their ease and to

alleviate their anxiety Mr Caird's amazing alertness, his perfect timing, had no suggestion of haste or pressure, yet he always spoke with economy, without padding, anecdotes, jokes or reminiscences, not a single minute was wasted

Promotions must suddenly have become rapid, for thereafter we had three surgeons in succession, namely, Mr Hodsdon, Mr Wallace and Mr Miles, utterly different from each other and from Mr Caird. Mr Wallace (later Sir David Wallace), a skilful and courageous surgeon, handsome and haughty, was admired but not greatly liked, for he was master of a cold sarcasm that positively froze his victims, doubtless, this technique was used to teach us surgical lessons and to help to make us self-reliant and worthy doctors, but his arrows often wounded the already tired and overburdened students.

He was succeeded by Mr Alexander Miles, a splendid lecturer and a fine technician, with slender hands which did their work lightly and rapidly 'Sandy Miles' was most likeable and pleasant though a little distant, but he knew each of us by name and nature, and those who were keen were given special opportunities of being useful in the theatre

As soon as we had been dressers for six months we each took a two weeks' period of being chloroform clerk, for this was then the universal anæsthetic. The student was not supervised and administered the chloroform in the way it had been done just after its discovery by Sir James Simpson. We were taught that there was less danger in giving too much than too little, since the patient might die of shock, whereas a deep anæsthetic was safer and better. 'Chloroform, chloroform!' the surgeon would implore, 'the patient's walking off the table - hurry, hurry' - we can't wait all morning' - and so on. The unfortunate chloroform clerk never got anything but abuse and sarcasm, and if things went well there was never a word of praise.

The chloroform was contained in a round dark blue twelve-ounce bottle, the stab end of a large safety-pin being thrust into its neck, thus propping up the stopper and allowing the fluid to escape in a liberal stream on to a folded linen face towel, which was held round the patient's face by the student's left hand. The chloroform was poured with the right hand which, if small, could barely clasp the bottle and

keep the forefinger tightly on the stopper. Students were thus made to take responsibility, many like myself at eighteen years of age, and thus we became self-reliant and capable. Not infrequently, however, the young anaesthetist was heard to say, 'The patient's stopped breathing, sir.' Then followed a short tense period, the surgeon stopped operating, the foot of the trolley was tilted up and held high by the willing hands of half a dozen students, while others of them performed artificial respiration and the anaesthetist transfixed the patient's tongue with the forceps which were invariably clipped to the overall for this very emergency. Meanwhile, the surgeon did his best to conceal his irritation and anxiety and waited impatiently until the patient's breathing was re-established, when, after a few bitter words, he could proceed with the operation. In spite of our inexperience, only once was there a death upon the table and this of a patient who suffered from an aortic aneurism from which he might have died at any moment.

During our final year we began to use the new gauze-covered light metal masks with the small drop chloroform bottle. This was more comfortable for the patient and it allowed us better observation of the face and the conjunctival reflex. With the old method our heads had to be close to the patient's in order to hear the quiet breathing which accompanies deep anaesthesia, and it was sometimes difficult to keep awake, especially after four or five hours on end as anaesthetist.

The assistant surgeon might have to give the sleepy student a sharp dig in the ribs with his free elbow, or the house-surgeon, who might well be a hefty Rugby International, might administer a rough kick on the shins.

Students of today do not administer anaesthetics unless under the supervision of those who specialise in the work. The patient is no longer wheeled fully awake into the operating theatre but is rendered oblivious while still in bed by means of a suitable hypodermic injection, and knows nothing more until he wakes up after the operation is over. Anaesthesia has now become a fine art and has made great progress in recent years.

Casualty duty had sometimes to be undertaken on Saturday nights, which were specially busy as it was pay-day and there was a good deal of fighting in the streets, men fought with men, women with women,



and husbands occasionally beat up their wives. Faces were cut or badly scratched and there were often deep scalp wounds, so we had practice in stitching. This was easy, as most of us were good needlewomen, and and the patients voted us more skilful than the gentlemen students!

We began then to see life in the raw, to know something of the sorrows and weaknesses that drive men to drink, the helplessness of the wives to prevent it, so that often they too joined in the orgy, the pathos of the frightened children, barefoot and ragged, who often accompanied their parents. The wife might tell us sobbing that her husband was a 'drunken brute', but we soon learned that she would resent it fiercely if we agreed with her. The beaten-up wife usually soon forgave her man and, if jealousy had been the cause of the castigation, there was love and pride in the quick reconciliation. I already knew something of the homes of these people and was to know them better when treating dispensary cases in the Canongate.

Owing to a plethora of circumstances, life in Edinburgh in the past forty years has greatly changed for the better, most of the slums in the old town have been obliterated and new housing estates on the outskirts of the city now house their former inhabitants. Husbands and wives can enjoy the cinemas, coffee houses and entertainments together, and though films are often said to do harm this is more than compensated by their civilising effects. Radio and television have made the home vastly more inviting to the husband when his day's work is over, and they uplift the housewife, for their influence is humanising, widening and instructive. Shorter licensing hours have greatly helped and the extension of social and welfare services has revolutionised the situation.

In those bad old days, the Salvation Army men and women did valiant work and ceaselessly strove to save souls and to help the unfortunate in kindly and practical ways. The Roman Catholic priests were untiring in helping the alcoholic down-and-outs, types which were (one had to admit) simply ignored by the Protestant ministers of Edinburgh. Father Power, a Jesuit priest of gigantic proportions, spent much of his time in the Grassmarket rescuing members of his flock from drowning in 'aquavitz'. He rang a massive bell and entered the 'pubs', where he was always welcome, and there were few he could not

persuade to quit their glass. If there was resistance, he was not above carrying them out — and home! This much-loved priest was a revelation as well as a hero to me, for I had never before witnessed such tolerant and personal interest in the so-called sinner.

## CHAPTER SIX

### Seniors

THE NEXT TWO YEARS, the fourth and fifth, were enthralling, and we began to see, though still rather dimly, the reason for our preliminary studies

We crossed to the other side of the Royal Infirmary, via the 'duodenum', the curved passage leading from the surgical to the medical side, but it was some little time before I could give myself wholly to clinical medicine, for I hankered after the surgical wards and slunk over there much too often, skipping the clinical medicine lectures. I greatly missed the excitement, stimulation and drama of the surgical side as well as the cheerful, hopeful patients, there was always some gaiety and a joy shared by all when an anxious case came through its ordeal and joined the ranks of the gay and gossipy convalescents

The medical patients seemed to remain in the same state for long periods and both diagnosis and treatment were a long-drawn-out affair, so there was little coming and going in the wards, they were usually older, less talkative and cheerful, and the whole tempo was very slow. Gradually, however, I began to see that medicine was a more complicated study than surgery and as fascinating, though in a more subtle way

We were carefully taught how to make a detailed examination of the patient and were made to realise that without writing a complete case history comprising notes on each system *seriatim* - respiratory, circulatory, alimentary, urinary, reproductive and nervous - we could never make a well-considered and correct clinical diagnosis.

We noted with what care and deliberation our chief and his staff

examined the patients, and with what wisdom and argument the differential diagnosis was expounded. We learned to use the stethoscopes, both the old-fashioned single model and the binaural, our ears gradually becoming sensitive to the different sounds augmented by this instrument. One by one, we were summoned to listen to the heart, first to the normal and then to the abnormal rhythms, then to the lungs in health and to all the distinctive and extraneous sounds that can accompany respiration in illness. We were taught the technique of percussion—a rigidly-extended, firm left forefinger upon which a sharp tap was given by the right middle finger applied over the area to be examined. Thus we came to know much about the size and shape of the heart and liver in various maladies and also the state of the lungs, for percussion told us whether the tissue was normal, congested, containing fluid cavities or some new growth. It was fascinating to listen to these new and unexpected sounds—like hearing a new bar of modern music. We learned to test each of the great cranial and spinal nerves and found this examination by far the most intriguing.

There were always a few neurological cases in the wards, and we had ample opportunity for instruction, as these patients were detained for lengthy periods, partly for treatment but also because they were valuable for teaching purposes. Some had heard so many clinical lectures on their individual maladies that they could reel off the symptoms, diagnosis, differential diagnosis, and quote the various continental medical authorities upon their treatment and prognosis. They were greatly amused by the ignorance of the students and sorry for them when they could not answer the baffling questions put to them by the professors, and would often surreptitiously whisper the answers. This ruse did not deceive our chief, for he knew full well that his students could not possibly be so knowledgeable about these obscure neurological maladies.

The medical wards were tranquil and slow, the pace being set by the sister, who was generally elderly and stayed a lifetime with her chief, scorning promotion in order to preside over her own beloved domain, for her ward was her life, and her heart was in the work. She accompanied her chief on the ward visits with the dignity and decorum that befitted his status. Each patient was spoken to, the daily progress

noted, the treatment discussed with the assistant physician and the young resident doctor and relayed to us, our chief was at great pains to insist that we students observe the most minute deviation from the normal, the slightest improvement or deterioration. This was quite different from the routine in the surgical wards, where Mr Caird used to trot past the patients who were doing well, throwing them a hasty 'good morning' or a quick nod, and hasten on to the pre-operation and anxious cases.

The trouble that our chiefs took with our small group of women medical students was beyond praise, and it hardly seemed possible that they could voluntarily give so much of their time to us. We might be considered an inferior breed to the men students, but we received the most excellent instruction, and in clinical work had the great advantage

of all over close to the bed instead of

do, only a few of them could do close quarters and still fewer had the opportunity of examination

Our medical chief was Dr William Russell, who was no longer young and was soon to leave the women students to become Professor of Clinical Medicine at Edinburgh University, a high honour which he richly deserved. The women students certainly seemed to be a solid stepping-stone to higher things.

Dr Russell seemed to me to be a lineal descendant of the gold-headed cane era. This tall, dignified physician, his grave and kindly face bearded, his movements slow and measured, was revered by the patients and staff, who were slightly but pleasantly in awe of him, and his manners were so beautifully courteous that they felt a little awkward in his presence. He seemed habitually grave though never pompous. I came to know, through the deepening of three wrinkles at the corner of his mouth, that he had a sense of humour - indeed, he must

when making a clinical case persevered with us and no time was lost in basting us with mistakes

The assistant physician, Dr Edwin Bramwell, lectured to us fre-

quently and specialised in the teaching of neurology. We soon realised that the diagnosis of an organic nervous malady was a most complicated but exact exercise, depending greatly on accurate anatomy. This made us realise why such careful dissections of the head and neck had been required of us, and why we had been advised to linger over the distribution of the nerves, those taut white cords, ever dividing and sending off motor and sensory branches to every organ and tissue of the body. We began to be able to decide, by well-established tests, which nerve or group of nerves was not performing its normal function, and though these were simple tests, they had been ingeniously evolved by physicians throughout the years, some being discovered by an individual and thereafter known by his name. Such is the 'Babinski' reflex, which is the response of the toes when the sole of the foot is gently scratched: the normal response is that of flexion, but Dr Babinski discovered that in certain organic diseases there is a contrary extensor response, and this simple test is most revealing and of great value in diagnosis. There is also the 'Argyll Robertson pupil', first observed by the distinguished Victorian Edinburgh ophthalmologist and now known by his name throughout the world of medicine. It depends upon the fact that the pupils normally contract to the stimulus of light and contract or dilate to accommodation, according to whether the object viewed is near or far, and this test though carried out in a few seconds, is of great significance in the early diagnosis of certain degenerative organic maladies.

An accurate diagnosis was made by observation of the patient's symptoms and signs, and deductions were drawn therefrom. Occasionally, the cerebro-spinal fluid was examined microscopically and biochemically but it was a little early for the ingenious tests that were developed during the next few years. Today there are many aids to diagnosis by means of laboratory tests and X-ray examinations. There are also mechanical aids, such as the electro-encephalograph, an instrument which demonstrates the brain activity in graph form, much in the same manner that the electro-cardiograph gives a pictorial record of the heart's action.

By the sustained efforts of our chief, Dr William Russell, and of Dr Edwin Bramwell, we slowly imbibed all that the student should know

of clinical medicine, including the side-room methods for examining specimens of blood, sputum, urine and other bodily fluids, and this teaching was carried on methodically and regularly every morning. These two elegant and learned men, top-hatted and frock-coated, walked into the wards each morning at precisely the same hour, having come on foot from their consulting-rooms in the west end of Edinburgh. They departed at one p.m., their visits being carefully timed so as to interfere as little as possible with the routine of the wards.

By the end of the first six months, the worlds of surgery and medicine began to intermingle and finally to fuse, and it became clear that all our painstaking studies in the medical wards were needed to make a sound diagnosis whether in medical or surgical cases. This discovery, that surgery and medicine are not cut and dried separate entities, was, after all, at least a good beginning.

In this our fourth year we also studied pathology (morbid anatomy or the study of organs in disease) and bacteriology, both by means of systematic lectures and in the laboratory. The abnormal appearance of the organs or tissues was sometimes visible to the naked eye and was always apparent microscopically, the sections were cut infinitesimally thin and the tissue, having been treated with colouring matters, clearly showed the abnormalities according to the manner in which the stain was taken up. The intricacy of the whole subject was fabulous and as the months passed it became possible to link up pathology with clinical medicine. When we observed in patients the signs and symptoms of certain maladies of, for instance, the heart, lungs or liver, we began to be able to picture to ourselves what changes would have taken place in these organs when seen by the naked eye and in microscopical section. We learned to cut and stain sections more or less expertly and this was soon to be of great practical value, for doctors had to do much of such work themselves, since there was a great scarcity of trained laboratory technicians. There were then but slender prospects for such workers, valuable as they were and, with a few exceptions, they were considered merely as 'lab boys' and their duties were often limited to little more than bottle-washing. Today, they are a body of well-trained laboratory technicians and have excellent prospects.

We were fortunate to have as lecturer in pathology Dr Stuart Macdonald who, like so many of our mentors, was shortly to leave the women students, to take up a professorship in England. I still have my lecture notes on pathology and bacteriology, four sturdy books of lucid material, giving good instruction even today. I can still hear his cushioned, solemn Scottish voice saying (as he often did), 'Ladies, be very attentive today, I've got a splitting headache,' and, after a significant pause, 'I think I'll take a couple of days off for the fishing.' We did not grudge him his well-earned holiday (always timed for sport) for when he lectured it was with vehemence, the sweat pouring off his brow and misting the thick lenses of his spectacles. We never knew why he took it out of himself in this way nor why he was always so sorely pressed, for he always rushed into the class-room, lectured and dashed out again. We never became acquainted with him but we all soared through our professional examination in pathology and bacteriology – and that in spite of our severe examiner, Professor Greenfield, who had the reputation of failing candidates many times over.

I met Dr Stuart Macdonald once again when, some twenty years later, I observed him standing lonely and absorbed in the foyer of a London theatre. I advanced and wished him good evening, saying how lucky I was to catch a glimpse of him and introducing myself as one of his old Edinburgh students.

'I neither remember you nor any of your women colleagues,' he growled, and continued gloomily, 'I've never yet met a woman fit to be a doctor or able to earn her living at it.'

'I am sure you will, however,' I replied pleasantly, for this sort of talk no longer annoyed me.

'Of course, you are an exception,' he quickly added – at which I could not help laughing, for I was well accustomed to this placebo, offered by just such medical critics.

So this curious hostility to women doctors was, after all, the secret of his fatigue in those far-off days, though never once had he betrayed it to us and had striven beyond his strength to give us almost inspired instruction.

The last two years of our student days were a long series of lectures,



## MEMORIES OF A DOCTOR

while the mornings and much of the evenings were spent in the hospital wards. That left only the night for serious study, the conning of the daily lectures and the reading of standard text-books.

## CHAPTER SEVEN

### Midwifery

THE STUDY OF OBSTETRICS AND GYNÆCOLOGY occupied much of our fourth year, the systematic lectures being given by Dr J W Ballantyne. I was privileged to meet him daily, since he chose me at random as his class assistant. My duties were not onerous, but I had to rush lunchless across from the Royal Infirmary so as to be at Surgeons' Hall half an hour before the two o'clock class, in time to arrange his diagrams, models and instruments. He was a busy obstetrical consultant and a tireless worker, but he invariably arrived in the ante-room to the minute, sometimes a trifle breathless, and at once began to sort out his materials. In many ways he resembled the German professors I was later to meet, for he was earnest, industrious and conscientious to

He was a devout churchman, a fervid teetotaller, a puritanical and kindly man, although a little lacking in the flexibility and humour that make life bearable when the professional strain is too severe.

Early in the session, he said to me, with an inquiry in his voice, 'I feel that the class must find my lectures awfully dull and dreary,' and continued, rather slyly, 'it seems that it need not be a dry subject, for they tell me that the professor of midwifery keeps his class vastly amused.' He was referring to Sir John Halliday Croom, the distinguished occupant of the Chair of Obstetrics at Edinburgh University. I had heard that the men enjoyed the professor's lectures, which

were spiced, it was whispered, with somewhat Rabelaisian anecdotes, presumably told to keep the class alert and to fix important obstetrical facts in their minds. Some of these stories were traditional, having been handed down by previous professors of obstetrics, and were related in broad Scots.

Dr Ballantyne continued, with a tinge of the censorious, 'Can you believe that the professor said to his class the other day, "D'ye ken that the only difference between a coo and a coontess is the Curve of Carus?"' (This referred to the slant of the human female pelvis, important in the practice of obstetrics.) I laughed a little dubiously but said 'I must repeat those words of wisdom to the class.'

Dr Ballantyne was startled and rather horrified at my reply and made me solemnly promise that I would not repeat what he had just said. Never again did he crack the semblance of a joke with his class assistant and never once was the lecture enlivened by the merest touch of levity. At the end of the session I was duly thanked and presented with a copy of his important work *Teratology and the Journal of Antenatal Pathology*, an original and painstaking research into the causes of disease and malformation in the unborn.

We never saw Dr Ballantyne in the wards of the Maternity Hospital, for we were obliged to go elsewhere for our midwifery practice, the Edinburgh cases being reserved for the men. I can imagine, however, that he was almost too earnest and anxious for strenuous clinical practice, for his work was of a quality that is apt to exhaust the doctor while still young: this medical wear and tear is far more common than most people realise, for the strain is usually successfully hidden. When Dr Ballantyne's sombre eyes looked faded, as they often did, I guessed that his mind was overburdened with anxious cases. His lectures were verily as dry as he feared, and how painfully laborious were these theoretical labours! No wonder that the University Professor enlivened his lectures with stories, whether in English or in broad Scots—a dialect which was still affected in the Scottish law courts as well as in medical circles. This was partly a relic of the language of the eighteenth and early nineteenth centuries but was also used for the benefit of the older patients who could only speak and understand the vernacular.

Some of the older doctors habitually interlarded their conversation

with old Scots words and I well remember a casual meeting with an old Edinburgh physician, a friend of my grandmother's who, when I became a medical student, did me the honour of treating me as a colleague. After conversing for a time in very precise Edinburgh English, he said

'Fare ye weel then, lassie, for I maun trot off noo, for I hae tae tak' off an auld wife's watter, observe that ma hands are fine and warm, for I hae keepit them in ma pooches whilst we hae been blethering thegither.' And with that, the old doctor hurried off along the street, his long white beard blowing in the wind leaving me not a little proud that he had thus confided in me and taken the trouble to teach me that a patient must never be approached with cold hands. He was one of the typical old family doctors that were even then rapidly passing away, men who were wise, trusted friends and confidants of their patients and their families, often for two and three generations.

After the systematic lectures in gynaecology, we attended the Royal Infirmary to see clinical cases, but the teaching was perfunctory and had not the same incisiveness as that in the surgical and medical wards. It seemed as if gynaecology was considered a secondary subject, and no one stressed its great importance in our future work, whether at home or abroad. We were soon to find this out for ourselves in the school of bitter experience.

A number of senior consultants taught us, but the one who was of real value was our clinical tutor, Mr Benjamin P. Watson, he was soon to become Professor of Obstetrics in Toronto, later on in Edinburgh and ultimately was snatched up and retained by the U.S.A. I saw him not long ago in New York where, as Emeritus Professor, he was directing a section of the Presbyterian Hospital now incorporated in that magnificent Medical Centre of Columbia whose buildings tower heavenwards like the pinnacles and campaniles in Dulac illustrations, and whose equipment, administration and case-recordings are an inspiration to all who are privileged to visit this beautiful hospital.

Professor Watson was a decade older than myself and had seemed quite elderly to us students, but when, forty years later, I again set eyes on this slim handsome man, who had now an American colour to his pleasant Scottish voice, there was a New World look about him. He

introduced me to his colleagues as his Number One pupil, but they gallantly swore that they did not believe one word of it. We, too, had to admit that, in spite of active service in two world wars and a lifetime of professional work, we had both worn well, thanks to our good Scots stock, our hardy upbringing, our wholemeal porridge and the healthy air of the windy precipitous city of Edinburgh.

I was glad to be able to tell the Professor how his teaching had helped us in those far-off days when we seemed to see only the difficult and obscure cases. While we absorbed the technique of all the serious pelvic operations we knew little about the treatment of the slight ailments which can make a woman's life a nagging misery. We heard nothing about the great importance of reassuring the patient if there was nothing serious about her case, and I often saw women go away looking anxious and perplexed.

On the subject of the 'change of life' there was but one page of notes in our lectures, on sterility half a page with not a word about marital adjustments and never a whisper as to the husband's possible share in an infertile marriage.

Knowledge as to the causes of sterility has greatly increased and much of it is due to Dr Abraham Stone who followed up the pioneer work of his wife, the late Dr Hannah Stone. Recently I was present at the Margaret Sanger Research Bureau, New York, on the occasion of his monthly inaugural lecture, to which married couples come to listen to what can be done for their childless state. Dr Stone believes that this first lecture is of psychological importance and that the meeting together of couples who are similarly deprived gives them the comforting feeling of not being alone in their problem, and thus their tension is somewhat lessened. In a gay and amusing lecture devised to help the audience to relax, he gave, with the help of diagrams and films, a simplified but not distorted outline of the investigations which would be carried out on both husband and wife before treatment was undertaken. The lecture ended in laughter, for Dr Stone said that he hoped that each one of them would have the same happy experience as the patient who had sent him a cablegram that very day on which was written one significant word - 'Bingo'.

After a year's systematic work on obstetrics, we had practical

experience in midwifery during the summer vacation. We women were accepted either at the Rotunda Hospital, Dublin, for in that city there was never any shortage of births, or at the Maternity Hospital Rotten Row, Glasgow, where there were always many abnormal cases, and it was here that I first witnessed the birth of an infant. The labour was protracted and, to my astonishment, neither sedatives nor anæsthetics were administered, this being the custom in all the best maternity hospitals. Accustomed to seeing even minor operations performed under anæsthetics, I took it for granted that the patient would not be allowed to suffer unnecessarily. This young mother bearing her first child was bewildered, very apprehensive, and suffered greatly while a dozen students looked on miserably.

Was this apparent callousness due to the old religious injunction, 'In sorrow shalt thou bring forth children', or the old wives' tale that if a woman does not suffer the pangs of childbirth she will not love her child? I found that anæsthetics and analgesics were not given unless there were serious complications and, in the case of the mother of a love-child, a moral lesson was added, for nothing was done to ease her pain or fear, however difficult the labour. I was piously assured that this would teach her a lesson that would keep her in the path of virtue ever afterwards! It all seemed inhuman, mediæval and quite unnecessary.

How much better are the conditions today when, in the home as well as the maternity wards of a hospital, women have the benefit of analgesics and anæsthetics which greatly lessen and may entirely obliterate their suffering. They can therefore contemplate childbirth without apprehension, while midwives and doctors, in whom the distress of witnessing pain never abates, are duly thankful.

After being present at a number of maternity cases in hospital, we were obliged to deliver twenty women in their own homes, and went forth in couples, armed with the small black handbag which, at this epoch branded us as doctors as we hurried through the dismal Glasgow slums.

There, in miserable hovels, women bore children – in or out of wedlock – and bore them with fortitude and with little complaint. Some were housed in foul basements, damp and ill lit by gas-jets or

only a tallow candle, and the home usually consisted of one room, often without a water-tap or sink. The double bed took up much of the space, except where it was placed in an alcove, a box-bed or bed-closet, in which case we had to get into the bed to deliver the infant. Few of the patients possessed sheets, blankets were scarce and the flock or feather-filled mattress was thin; disturbance of the bedclothes set black fleas hopping and exposed lazily-crawling lice. There were few baby clothes, usually much-washed hand-me-downs, and sometimes not a stitch of anything, not even napkins, or 'hippens' as they were called. No bounties such as layettes were provided by Church or State, nor did maternity benefits exist. Nevertheless, all our babies were healthy and well-nourished at birth, no matter how pinched, poor or degraded the mothers. And in this they were fortunate, for many abnormal cases were met with in Glasgow, one reason was that a high percentage of the women had suffered in childhood from rickets, causing deformities of the adult pelvic bones which greatly complicated childbirth.

There was no means of knowing whether the child was likely to be tainted with congenital syphilis, whereas the Wassermann blood test is now a routine for patients attending antenatal clinics; those showing a positive reaction are successfully treated, so that congenital syphilis is exceedingly rare today. The tragic sight of children branded indelibly by the stigmata of the disease was, in my student days, by no means uncommon.

We took precautions, as we were bound by law to do, against the risk of gonorrhoeal infection of the infant's eyes during the birth passage, thus preventing *ophthalmia neonatorum*, which might result in blindness. The technique of cleansing the eyes of the newly-born has now become so perfected and the laws concerning the notification of gonorrhoea so strict that the disease is almost unknown. The medical profession is now more interested in social welfare, for their effect is most beneficent and far-reaching.

There was little privacy in the homes for, even during the actual labour, children were often present, and that same night they had to

share the bed with their mother and her new-born infant, there being nowhere else for them to sleep

The husbands were seldom present, for their working hours were long and they came home tired and hungry. They were genuinely concerned for the welfare of their wives, did their best to help the 'doctors' and, when the labour was over, willingly fetched and warmed the water for the baby's first bath.

None of our cases presented special difficulties, but labour was very prolonged in two unmarried girls who had come to Glasgow to bring forth their infants in secret, for such mothers had to travel a hard and lonely road in those days. Sanctimonious public admonitions and repentance stools in the Scottish churches were mercifully things of the past, yet there was little sympathy for the unmarried mother and she was virtually an outcast. Fortunately, there is far greater tolerance today for such young mothers, and trained welfare workers advise them in their problems, while adoption societies exist for those who wish for their aid.

My obstetrical partner and I worked well together and if at first we were too anxious we were soon able to act with a confidence and authority which the mothers sensed. There were often long periods of waiting but these were enlivened by many an amusing conversation with the Glasgow wives, who poked their tousled heads in at the window or door, relating with gusto the history of their numerous and gruesome labours, this, curiously enough, did not shake the confidence of patient or audience in the young doctors.

My partner, Elizabeth, had already made up her mind that 'eyes' were to be her speciality, and she was more interested in the souls than the bodies of our patients. A convert to the Roman Catholic Church, she had ascertained that if the infant seemed likely to die before the arrival of a priest it was her duty to perform the baptismal ceremony. She seemed anxious for this responsibility and, persuading herself on several occasions that the infant was *in articulo mortis*, she performed this solemn office. Lizzie had a stutter, endearing but gigantic, which distorted and flushed her pleasant face, but such was her persistence that the word was eventually discharged with punch and precision on these baptismal occasions. The parents inevitably asked if they might call



their babies after us, Elizabeth after my partner, Isabel after me, we proudly assented and the brothers and sisters began forthwith to call the infants 'wee Doctor Lizzie' and 'wee Doctor Belly'

We lived in a hostel converted from a tenement block in the slums of Anderston, the student on duty sleeping in a cell-like room beside the telephone. When the Maternity Hospital called us for some special case she had to arouse all the 'doctors'. We hustled into our clothes, which today would seem a comical performance, quite the reverse of 'strip-tease' and just as fit for the music-hall stage. The basic garment was a bulky cotton chemise, under which some wore a scratchy woollen vest, all this was strapped in by busked and boned stays, navy serge bloomers fixed at knee and waist by numerous buttons, a lawn or woollen camisole according to susceptibilities, black woollen stockings held up by garters, and at least one petticoat that varied in thickness with the seasons. The outer garb was 'a costume', and this consisted of a long skirt, edged with 'brush braid', which saved wear and tear, and a short fitted jacket under which were worn a shirt blouse and stiff linen collar with studs, tie and safety-pin, while the waist was encircled by a stiff belt and buckle. Long hair was coiled and topped by a hat skewered by long pins. Buttoned or lacing boots or shoes and spats might be smart and tidy but were great time-wasters.

How much simpler is the practical clothing of today which can be donned in seconds and which, moreover, can be purchased ready-made. This clothing factor, with its zips, nylons, girdles, court shoes, flaties, pullovers, jeans and slacks, together with short hair, has increased women's confidence, independence and emancipation a hundredfold.

The first warning of a night call from the district was a ring at the front-door bell, when we hurriedly dressed and trotted sleepily through unknown streets. There was no means of transport at night and our guide was usually the anxious husband or a barefoot little boy who would plaintively beg us to hurry to his mother. We would then quicken our steps fearing a B B A (a baby before arrival), for this was apt to happen to women who had borne several children and it would not count as a case for us.

It soon dawned upon me that life was a burden and a sorrow for

many women because they were in a constant state of anxiety lest they should conceive and thus have yet another child to feed and clothe. Nevertheless, they welcomed every infant, whom they breast-fed for too long, hoping by this uncertain means to prevent conception. Their wail when in labour was, 'I'll never have another bairn,' but the neighbourhood and friends would guffaw and, tee-heeing loudly, would chortle bawdily, 'Just you wait till next time, ma lassie.' Large families were universal, for the women knew no better than to bear children until they reached the menopause, and became in the process prematurely old, faded and toothless.

My partner and I encountered no great adventure, though sometimes a husband became worried and finally exasperated by his wife's suffering and would stomp out of the house and make for the nearest public-house, there to drown his sorrow in cheap, fiery whisky, later he would stagger home, either hilarious or in floods of maudlin tears. One such husband fell across the bed and we were unable to move him, so he lay there snoring while we delivered the baby, another said he would wring our b——y necks if we did not 'bring the bairn home' at once. A young couple rewarded us by emptying into our hands their savings from the cracked teapot on the mantelpiece. The mothers, without exception, were courageous and co-operative, and thankful to have our help in their confinements.

One of the young mothers was delivered of handsome twins, but when their putative father, a Lascar stoker, saw them he declared angrily that one of them ought to have been black, he began to recollect that he had been away on the China run and therefore had his doubts about his fatherhood. It was plain to see that the mother, a comely red-haired Highland lass, had her doubts too, and we certainly had ours. We were, however, able to convince the Lascar, arguing on Mendelian lines, that he was the proud father of these fair and lovely twins. My partner, Lizzie, as a good Catholic, greatly rejoiced in the ensuing reconciliation, but I knew that I had deliberately uttered my first medical prevarication, it was not to be my last.

How vastly better is the lot of women today, improvements such as could not have been imagined before the First World War have now actually come to pass. The dissemination of birth control

knowledge has revolutionised the lives of women, freeing them from the bondage of inevitable conception and allowing them to space their pregnancies. Antenatal clinics care for their health during pregnancy, routine tests such as the Wassermann and Rhesus and X-ray examinations give valuable information and indicate when specialised treatment is needed for the unborn child. Women in their first pregnancies (*primipara*) and abnormal cases in *multipara* may bear their infants in the maternity wards of a hospital and many prefer to do so. Maternity grants are already generous, workers are given ample leave both before and after childbirth, while welfare officers and almoners arrange for the care of the other children while the mother is in hospital.

The one thing lacking now seems to be a sufficiency of homes fit for the reception of the superlative infants of today when they make their entry into this pleasing, anxious, beautiful world.

## CHAPTER EIGHT

### The Gay Undergraduate

'Oh! The gay undergrad is a diligent lad,  
If you trust a fond parent's impression,  
He never has leisure for play or for pleasure,  
He's reading so hard all the session.'

Charles Stewart

STUDENT LIFE AT EDINBURGH UNIVERSITY half a century ago differed greatly from that of the undergraduate of the same vintage at Oxford and Cambridge. There was neither that richness of tradition nor the atmosphere of a university community. Students were left to sink or swim and, though this course was well suited to the independent and the diligent, the sluggard and the weakling were liable to fall by the wayside.

Our university was comparatively young, having been founded by James the Sixth of Scotland in the early seventeenth century, and it lacked the mature beauty, the proud and ancient history of the colleges of the Isis and the Cam. Its one and only ancient building was of dignified Adam design, with a spacious quadrangle, a lofty dome and a frontage which abutted on a shabby narrow street. Its massive bulk seemed to be ever striving to ram down the nondescript commercial buildings opposite in order to achieve living room, a vista, or at least enough space to enable the passer-by to observe its fine façade.

The Medical Faculty had long since been ousted from this dour grey edifice, except to sit in its Great Hall for the professional examinations, and was now housed in late Victorian buildings of its own, cheek by

jowl with the Royal Infirmary. We women never entered the portals of 'The New University Buildings' except for the orals and practicals of our professional examinations. Many of our classes were held in Surgeons' Hall, Nicholson Street, its impressive Ionian style belying the sombre lecture-rooms and the grim anatomy quarters that lay behind it, or at Minto House, Chambers Street, and the New School of Medicine in the derelict old Potterrow.

Few students were the children of rich parents, the majority had very small allowances, but it was still possible to live comfortably on means that would now seem unbelievably modest. 'Pride and Poverty' had ever been the Scottish tradition, and 'Meal Monday' was still given as a holiday in the middle of each session, so that students might have time to walk to their homes in the country over the week-end and trudge back with their poke of meal to make the porridge and pease-brose on which they had largely subsisted at a still earlier period. There were a few hostels, the Muir and Masson Halls for women, Ramsay Lodge and others for men, but most of the students preferred to live in rooms where they could be as economical as they wished.

The 'digs' were situated in the flats or 'lands' that have been a feature of the Edinburgh scene for centuries, there, maiden ladies and widows eked out their slender means by taking in one or two lodgers. The accommodation was excellent, consisting of a bow-windowed front sitting-room and a quiet back bedroom looking over the inevitable 'back green', this ensured airiness and quietness except on Mondays, when newly-washed sheets and shirts billowed and whacked in this most east-windy city. The landladies cooked, washed and mended for their students, who often remained in the same 'digs' until they graduated.

The Dean of the Faculty of Medicine was not concerned with how or where the students billeted themselves and there was no list of approved lodgings such as exists today. There was no proctor, and students were free to return to their 'digs' in the 'wee sma' hours', but they were obliged to be circumspect, for the landladies had their own spotless reputations to maintain with the neighbours and would not brook a breath of scandal.

There was not the slightest risk of being called for an interview with

the Dean for non-attendance at lectures, the student being expected to stand on his own feet and make 'a kirk or a mill' of his life. This system of unlimited freedom put most of us on our mettle and made us self-reliant and ready to take responsibility while we were little more than adolescents.

Certain students, however, failed again and again in their professional examinations and continued to 'sit' until they at last decided either to quit or to reform. There had ever been a certain number of 'chronics', popular, easy-going characters, usually with money in their pockets, who were content to live for years the carefree life of the eternal student. They appeared to have no special failings other than laziness, seldom was alcohol the cause, conditions for indulgence being so favourable that the victim would have been destroyed long before the title of 'chronic' was earned.

I have lived to see some of those reluctant students become successful physicians, renowned for their skill and their understanding of human nature, while some of the brilliant prize-winners have made little of their lives, or have succumbed to the habit of overwork contracted while at the university.

How varied and unpredictable are the ingredients which make for success and fulfilment in medicine! I grieve to think how many potentially fine doctors must be lost in the weeding-out process that takes place nowadays because of the overcrowding in the medical schools. The genus 'chronic' must be extinct, and thereby something gay and decorative has disappeared from the university scene. But chronics were few, and all work and no play makes for dull boys and girls.

It was not the erudite, the serious or brilliant, but those who excelled in sport that were the admired of the men and the beloved of the women students. The Rugby 'blues' were undoubtedly the chosen supermen, and far behind came the boxers, golfers, tennis players and oars, for Edinburgh University had a proud all-round record for athletics.

Many of the men spent Wednesday and Saturday afternoons on the playing-fields at Myreside, Craiglockhart, or rowing on the nearby canal, and it was entirely due to the efforts of the students themselves

that sport was maintained. In contrast, I quote from a publication of the University Senate of Edinburgh, Spring 1954

'I want to return to fifty years ago for a moment, and I am struck by the fact that, apart from arranging for their instruction, the university at that time accepted very little other responsibility for the welfare of the students. There were playing-fields and there were student societies, but it should be remembered that all these were either independent institutions or, if they formed part of the university, were nevertheless founded and financed privately by the student themselves. Today the University Court contributes £21,000 towards student activities. The promotion of athletics and physical education takes up more than half this sum. A student health service has come into being and a University Chaplaincy has been founded, so that thus both spiritual and physical health are cared for. Suitable accommodation is found for the students and help is given at a later stage in finding the right openings and careers for graduates. Besides all this, the university contributes largely to the Students' Representative Council in its various activities, and it is accepting more and more responsibility for such amenities as student common-rooms and the provision of meals within the university buildings.

'We now think not only of lectures and examinations but also of healthy welfare recreations and careers. In short, we accept it as our responsibility to see that a student can lead in every respect a full, healthy and rewarding life at the university as well as a studious and hard-working one.'

This state of affairs must relieve anxious parents and should help the average student, but surely the gifted and intelligent must resent being so greatly cosseted, especially as they are at least two years older than we were at the same stage.

How did the students of half a century ago amuse themselves? Many of them had no fun or recreation from the beginning till the end of the session, and did not feel that they had thereby suffered any deprivation. Utter devotion to study was a tradition in our university,

but there was a growing feeling that this state of affairs was inhuman and limiting. The men, however, had already a fine Students' Union, and the women were soon to follow suit. Debates were held in the Great Hall, and there were many fine speakers, among them A. F. Whyte, Ian MacPherson and Forbes Watson, young men who already gave promise of winning life's glittering prizes, which was later amply fulfilled. There were lighter moments in that hall, when five o'clock concerts were given by the students, some of whom were good amateurs and others budding professionals, studying at the *Faculty of Music* directed by Professor Niecks and later by Sir Donald Tovey, both musicians of international repute.

Lighter still were the occasions when we danced on the newly-acquired sprung floor of the debating hall. To the music of 'The Choristers', 'The Blue Danube', 'The Merry Widow', 'Gold and Silver' and other lately-composed Strauss and Lehar waltzes, we daringly reversed down the length of the room. We came unchaperoned except by the few married ladies who served for all of us, they were tolerant and did not frown upon those who danced more than twice with the same partner, for this was still considered indecorous. We reserved the supper dance and the 'extras' for our special young man or, if fancy-free like myself, for the best dancer.

The 'lady meds' were hardly recognisable at those dances, for they seemed to have undergone a complete metamorphosis, so many 'Cinders' magically transformed into 'Cinderellas' dressed for the ball. No longer were they grave and aloof in their severely-tailored 'costumes', but *en grand décolletage*, wearing long white kid gloves, a loop over the left arm holding high their sweeping skirts to show a bright silk petticoat. Till midnight they were just pretty young girls in fluffy gowns, blissfully and dreamily swaying, yielding and smiling to the rhythm of the dance, in love with Prince Charming and life itself.

Most London plays eventually came to our city and at the Lyceum Theatre, in a sixpenny seat, plays, musical comedies and grand opera could be heard, and occasionally Wagnerian opera was given at the newly-built King's Theatre. Very special evenings were the Students' Nights at the Lyceum Theatre, when the conductor was Willie Armstrong, who was considered rather a joke because he looked so



'arty'. He had a Master of Arts degree and was ostensibly destined to 'wag his head in the pulpit', nevertheless, he was now studying at the Faculty of Music, and already his thoughts must have been soaring far beyond our sober city. He was a tall, lanky lad, a real enthusiast and in his element as he presided at a concert grand which had been hoisted to 'the gods' by a troupe of hilarious undergraduates. He crashed out chords while singing and conducting, his red-gold hair tossing, his music compelling hundreds of boisterous students to sing in time and tune. That rich burst of song from the throats of lusty young fellow-students was even then moving. How often in later years was I to hear that same manly chorus in far-off countries through two world wars, and to sense that brave, exciting quality, so stirring to the heart in time of crisis and danger.

Willie Armstrong's heart was not in preaching, nor yet wholly in music and rhythm, but where all three combine – the theatre – and so he hastened to London. There, he proceeded straight to His Majesty's Theatre, rang the stage-door bell, sought and obtained an interview with Sir Beerbohm Tree. The outcome was favourable, for that great actor boomed these pregnant words, 'You shall act in my beautiful theatre, even if I have to find an interpreter for you – for Willie was audibly Scottish and, for those able to particularise, a native of Edinburgh. In time he became William Armstrong, C.B.E., and enjoyed a brilliant career as actor, producer and director of *The Playhouse*, Liverpool.

The Women's Students' Union came into being largely through the efforts of the undergraduates, who organised a three-day bazaar, then the favourite method of collecting money, as the film *première* is now. The initiative was due to the women arts students, of whom there were many hundreds. There was not a whiff of prejudice against them, and they were cherished and admired, and wielded real power in the university, not being 'sair hadden doon' like the despised 'lady meds'. Graduates and students worked strenuously according to their means and leisure. My contribution was sweets, not alas! of the exotic Hassan

variety, 'sweets like globes of crystal, like cubes of jade, like polygons of ruby . . .', but humble treacle toffees and fudges, succulent if not glamorous, nevertheless best-sellers' The 'Grand Bazaar' was followed by a small sale in order to get rid of the left-overs. On my stall were dumped stacks of a neat little book, *Willett's Daylight Saving*, with the curt order, 'to get rid of these'. Everyone laughed at my efforts to sell, calling it 'all bunkum', and finally my friends bought the booklets for the sake of peace. It was only a few years later that the First World War brought daylight saving into practice and few today either criticise the great idea or ever give a thought to its promoter.

The Women's Union was a great help to all students, especially the 'lady meds', for it broadened our outlook, widened our circle of friends, made us more popular and enabled us to feel that we belonged to a great university, with which the women of the Arts, Law and Music Faculties were already completely integrated.

We medical students were still outside the fold, but were duly grateful for being permitted to take examinations for the degree. When we had time to reflect we realised how deeply indebted we were to our predecessors, especially to Dr Sophia Jex Blake, who had made it possible to study medicine at Edinburgh and had struggled so courageously until at length the right of entrance of women to the medical degree was obtained.

The men soon christened our Union the 'Dovecote' and it stood darkly and grimly at the corner of Bristo Place and Lothian Street, a stone's throw from the MacEwan Hall and within a few minutes' trot of the Royal Infirmary, Minto House, Potterrow and the University. It was situated in the gallery of an untenanted Presbyterian church, and at a half-turn of the handle the massive ecclesiastical door opened gently as if to welcome us and clanked to by its own efforts to save us trouble. We mounted the stone gallery stairs to where a wooden floor had been slung across the chasm to make a long hall. The tall church windows gave abundant light and, by a simple arrangement of folding-doors, this upper room was divided into four compartments. The largest was a silence room, the middle a drawing-room, where we gossiped, made friends and drank coffee. The third division was the dining-room, where meals could be had at a token price, the

fourth a kitchen, where Mary, her mother and sister, not only cooked and waited upon us but were the sole domestic staff

The yearly subscription was ten shillings, nevertheless the Women's Union was self-supporting, comfortable and blessedly warm in winter, for the huge church heating-pipes were retained and were kept so hot that they burnt the shoes of the earnest students who sat there by the hour, their backs to the room and their feet on the pipes which ran round the wall

The old 'Dovecote' years ago reverted to its original purpose and became a Roman Catholic church. I visited it lately, but I swear that, as I mounted the gallery stairs, it was not the odour of incense and sanctity that I sniffed but that of the cooking-pot, not a solemn Mass that I heard but the ghost of an echo of girlish laughter, the swish of a starched petticoat in the corridor and Mary's Highland voice uplifted in coaxing tones, 'Hurry up now, ladies, it's cockie-leekie and fine munched collops the day!'

## CHAPTER NINE

### The Canongate Dispensary

THERE WERE SEVERAL DISPENSARIES in Edinburgh, situated in mean localities so that the sick poor might have free medical attention in their own homes. The women students were attached either to the Cowgate Medical Mission or St John Street Dispensary, Canongate, organised by the Sisters of St Vincent de Paul. The university authorities recognised practice at these dispensaries as part of the medical curriculum and we were required to earn a certificate to show that we had worked there diligently for a number of months.

The physician in charge of the St John Dispensary was Dr Alice Hutchison, and I saw in this charming woman a model for all I wished to be myself. She was a wise and observant physician, and merely to watch her gentle examination of a nervous, ailing child said volumes, without a word of explanation being given. Tiny and pretty, she dared to be feminine, and her red-gold hair and gay attire brightened the wynds of the Canongate. She was loved and trusted at the dispensary and her mantle fell upon us students, so that our advice was followed with a confidence that was scarcely deserved. We went unmolested to visit our patients at a time when the police walked the Canongate beat in couples, and though late at night, we often met drunken stragglers, shouting raucously or breaking into snatches of gusty song, no harm ever came to 'the doctors'.

Saturday was to be avoided if possible, for the Canongate was then a sorry sight, a veritable bacchanalia which usually resulted in a number of minor casualties, the vanquished were marched up the Royal Mile

to the Royal Infirmary between two big Highland bobbies, there to be stitched and bandaged Garrulous, quarrelsome women in shawls and men's caps gossiped and tittered in the closes, or hurled greetings and abuse from their windows Couples lurked and courted in the shadows of the narrow doorways but made way for the young doctor to stumble up and around the dark winding staircases with their deeply worn steps

On the landings narrow doors, some of them with crested architraves, opened into spacious rooms, showing plaster embellishments and the remains of carved stone mantelpieces which gave these squalid abodes a lingering touch of patrician grace In those tall 'lands' or flats, where the gentry had lived in past centuries, there dwelt some of the poorest of Edinburgh's citizens, among them men and women who had seen better days and had gradually drifted downstream until they came to anchor in this ancient part of the city Here they could hide themselves from their kith and kin, living beside the 'down and outs', the 'bums', who gradually disintegrated in wretched rotting property The sour and fetid odours may not have been so lurid as in the aristocratic eighteenth-century days of 'gardy loo', but they were a disgrace to the twentieth century

Nothing, however, could detract from the glory of the outlook from these poor habitations, for, since the 'lands' were built on a high ridge, fresh air swirled around them from the Pentland Hills, as well as nor'-easters from the Firth of Forth Arthur's Seat and Salisbury Crags towered massive and haughty and the whole panorama was glorious in any weather There was not the same sense of degradation as in Glasgow's damp low-lying slums, for the high 'lands' of the old town were airy and caught every glint of sunshine The very stones of the Canongate were invested for me with a glamour that glossed over the gloom and I had always longed to explore its dwellings, it seemed too good to be true that every door was now open to me Sir Walter's *Chronicles of the Canongate* and the writings of Robert Chambers, as well as ancient tomes on Scottish history, had been my favourite reading in childhood I had been a tireless listener to my great-grandmother, Janet Tod, who was born in 1808, when she spoke of Edinburgh in her young days, and her own memories were supplemented

by what she had been told by her great-grandmother, Jennie Blake, who had been young in the early seventeenth century

It was exciting to identify tumble-down houses and find them still occupied, but the tenants were oblivious of the many past generations who had occupied these very rooms. The centuries dissolved into one another so that even the sixteenth seemed modern in the long life of the Canongate, the Royal Mile, Holyrood Palace, the Castle, Black Friars and Grey Friars, for there was still a great deal remaining to call forth the past

Great chunks of these closely-packed 'lands' have since been demolished, leaving much of the Canongate a mere façade, and where there were labyrinths of wynds and closes there are now only desolate open spaces. Museums, libraries and antique shops have usurped the place of dwellings and now peace pervades the old highway, once a full-flowing stream of turbulent life

Often the past seemed as real to me as the present, especially on moonlit nights or when there was a streaming wisp of sea haar. This illusion was probably intensified by overwork and strain, insufficient sleep and anxiety about some serious case, yet it charmed and soothed me and helped me to take a more philosophic view of life

The tall wraith of Queen Mary haunted me at times with her grace and gaiety but more often with her sorrow. Sunny mornings might evoke her triumphant state entry into the city under a crimson canopy embroidered with the Unicorns of Scotland and the Fleur-de-Lis of France. Late on drizzly evenings, walking down Blackfriars wynd and up past the vanished Kirk o'Field, Henry Darnley lying there sick of the pox seemed just another patient on my dispensary list. The long June evenings might summon Mary incognita, a gay gallant in doublet and hose, mingling with her people at fair and market, as did her father, 'The Gudeman of Ballengeich', that jolly gaberlunzie. Then there was the Queen of France in dule weeds, Mary the Mother of a fine son and Mary Stuart after Carberry Hill, disgraced and reviled by the scornful Edinburgh citizens

Master Knox kept jogging my elbow and, though I spurned him, he still lowered in the background, denouncing and ranting. He would certainly have vented his wrath upon the young doctors and the little

Sisters of St Vincent de Paul, and denounced us all as 'this monstrous regiment of women'.

When hurrying down the High Street, the bright spirit of Robert Fergusson was often near me, for I had just then become acquainted with his poems which gave an eighteenth-century enchantment to the old town and flood-lit its dark wynds. I often delighted myself by silently repeating his 'Auld Reekie' as I passed 'The High Kirk' with its birling weathercock.

'Now morn wi' bonnie purple smiles  
Kisses the air-cock o' St Giles'

Hurrying onwards past the Tron Kirk, I could plainly hear its bell, though it had fallen to its death many years before

'Wanwordy, crazy, dinsome thing  
As e'er was framed to jow or ring . . .  
But weel wat I they couldna bring  
War sounds frae Hell'

The history of the poet's early death in the city bedlam was poignant reading and I often pondered upon the mystery of his short life. When, a few years later, I became a member of the staff of the Royal Edinburgh Mental Hospital, I was surprised to find, in digging into old reports of the hospital, that it had actually come into being through the efforts of his friend, Dr Andrew Duncan, a fact that is little known. This compassionate man had been so moved by Fergusson's fate that he did not rest until a hospital was provided where the insane could have proper care and humanitarian treatment.

It began to dawn upon me, though dimly, that all the renowned historical characters, however successful and famous, as well as the humblest of mortals, had been acquainted at some time of their lives with grief and despair. This realisation was a great comfort to me, for it stressed the inevitability of human suffering, thus making it seem far more bearable in my patients. I began to sense, though reluctantly, that life was a blend of comedy and tragedy, a *variorum* and that we had

better learn this lesson early. Perhaps few ever accept this truth fit and to this day I often have to remind myself of what Blake has said simply and profoundly

‘Man was made for joy and woe  
And if this we rightly know  
Through the world we safely go’

It was during dispensary practice that we first came into direct contact with death in the home and found it far more poignant than the hospital wards, chiefly because of the grieving relatives. In time of serious illness, at death-beds and funerals, the family, whether they were church-goers or not, were always comforted by a visit from the minister of the church, and at such times of crisis they had great faith in the miraculous power of prayer. It happened one day that no priest was forthcoming and I was asked by an anxious wife to ‘Say a bit of prayer for my man’. The request was not to be gainsaid and already Mrs G. and her neighbours knelt by the bed and were waiting for me to do likewise, but who was I to ask God to restore the sick man to health? I often smarted with indignation at the cruel destiny meted out to many of the patients, and I could not beseech with faith and sincerity, I would have to say something, but my mind was a blank, till presently I heard my grandmother’s stern Sabbath voice – but I found it was my own – beginning the twenty-third psalm which, though I knew it by heart, I had never yet said aloud. It seemed as if I were hearing it for the first time, and its beauty and rhythm took hold of me, by the time I had reached ‘He restoreth my soul’ I gave myself over to the divine comfort of its promise that we were not alone in death and that in our end is our beginning. I continued with my father’s favourite psalm, the 121st, for he was a hill-lover and often yearned for the ‘Dale of Lochnagar’ and ‘Morven of Snow’ of his boyhood, ‘I will lift up mine eyes to the hills’. As I said the golden words I remembered with what earnestness I had heard them on many a solemn occasion and was almost overcome by emotion before I reached its glorious end. The patient’s wife rose reluctantly from her knees, saying that she felt greatly comforted and that she could have gone on listening to me



prayers all night 'Doctor,' said she, 'ye can put up a far grander and mair feelin' prayer than ony meetuster I hae ever heard frae' She had barely said the words when the patient, who had not spoken for some days, called out in a strong voice, 'I'm a bitne better noo, Jeannie'

His improvement could have been explained on purely physical grounds and I had seen incipient signs of it that morning, but it was plain that Mrs Gray and her neighbours would have it otherwise 'The doctor's prayer has been answered real quick,' 'It's gey like a miracle,' they whispered solemnly one to the other and gazed at me with something like awe Denial seemed useless at this dramatic moment, so I gave directions for the patient's further treatment and slunk through the door feeling very small indeed.

As I hurried down the decaying stairs and made my way up the Canongate in the gloaming I reflected gully that I had been accredited with the impromptu composition of two of the most sublime psalms of David as well as having a priority in divine intercession

Next morning when I visited my patient I found that the miraculous healing had apparently been completely forgotten The patient was clearly on his way to recovery, the canary was singing, the cat purring, and the wife was embarked upon her long-delayed spring cleaning 'Jock'll soon be back to his work,' said Jeannie Gray, 'another bottle of yon grand black mixture of yours, Doctor, and he'll be his old self again' My relief was great and it now seemed nothing but an absurd joke

I was sure that there was some excellent moral to be learned from this experience, but was it merely that it was folly to take such matters too seriously? Could a doctor ever be too serious? I did not know the answer It proved, however, how right for me was the one maternal adage of 'take from day to day', this seemed to have stood me in good stead in the past and it had once more hit the bull's eye

Our lectures and hospital experience began to melt into the special needs of dispensary practice, but the gaps were wide We knew nothing about how to support the patients morally and what to tell the mortally ill when they demanded the truth Some wanted the truth and had a right to it, some begged to be told the truth, yet it was the last thing they wanted to hear The plain truth might well be the death-blow and

sery for the patient and for those who loved him. It was a most important facet of the case and now, when met for the first time, it was very perplexing.

When in great difficulty, Dr Hutchison was called in consultation. Her understanding of the mental as well as the physical condition of the patient was a revelation. Today this would be called the psychological approach, and it is possible that we had been acquiring this gradually, though never once in our student days did we hear that sacred word 'psychological', now so grossly overworked.

Much that I should have already known was learnt by listening to the outpourings of my patients. It was then that I fully realised how great a boon it was for human beings to unburden themselves of their sorrows, remorse and fears. They hoped to find in the young doctor one who would never disclose their secrets, nor laugh at their confessions, one, moreover, who would give them sound advice in their personal problems. When they put their fingers to their lips and led me to a corner I realised with a sinking feeling that they were about to embark upon the problems of their marital life. I gradually became a silent listener to fragments of a subject which was not included in our medical curriculum nor as yet in any text-book in the libraries—namely, the sex-life of the average healthy married couple. There was complete silence upon the hygiene of marriage, which had never been mooted in my lectures. What was the normal in the physical aspect of married life? I, too, followed the tradition of silence, for I knew instinctively that my inquiries would be met by a stony look or the frigid reply, 'I do not know what you are driving at,' or, 'we doctors do not concern ourselves with such matters, which are the patient's own affair.' The general subject therefore remained a closed book to students, each content with knowing only of his or her own urges, emotions and clandestine experiences, and the married of their own conjugal way of life.

The patients' questions had many variations but were mainly those which women have wanted an answer from time immemorial. Those who had newly 'fallen' asked for something to end the pregnancy at this early stage, and my reply was that neither I nor any doctor would accede to their request. I warned them against doing themselves injury by using mechanical means to produce an abortion, or from

swallowing pills, or the popular remedy of pennyroyal tea, which was often used but was seldom effective. Their faces told of their disappointment in me and it was painful to tell those who already had too many children that nothing could be done for them, since the operation to procure abortion was illegal, as it remains today.

Then followed the question, asked with great diffidence, of how to prevent another pregnancy. The subject was at that time taboo and the very words contraception, birth control and family planning had not yet been voiced. The young 'doctor' disappointed them again, for she could give them no more help than any doctor of that day and simply murmured piously that there must be no cohabitation.

This answer disappointed and shocked them, for the wives were generous and amorous, though they would have blushed to admit it, and did not wish to deny their husbands, nor to lose them to another woman. Many appeared to have hungry and demanding husbands, but it was not always the story of the predatory male and too numerous children, sometimes it was the very reverse.

Such was the case of Mrs Brown, a quiet little woman, whose tiny home was well-kept and comfortable. She was looking forward to the birth of her first child, for whom she had waited for ten years, but there was an anxious look in her eyes, a tremor in her voice that betrayed a problem, which she soon tearfully confided to me, saying I would brand her as a wicked woman. She told me that as she was living in sin with her lover, the baby would be born a bastard. I told her that according to Scots law she was 'by habit and repute' already legally married to him, but this information did not comfort her. Married early, and for love, to another man, she had taken all these years to realise that the marriage was not and never would be consummated. She had been examined and treated for her childlessness but never had been questioned as to the husband's capacity or their mutual adaptation. There followed the story of the suffering of a woman who had longed for children and the benefits of marital life till she was driven to take the step of going off with an old sweetheart.

Was Mrs Brown right to fulfil her destiny as a wife and mother? Only she could decide, so a divorce for desertion was set in motion, for she preferred this to the notoriety of a nullity suit and, according to the old

beneficent laws of Scotland, she was able to marry immediately after the divorce, when the child was automatically legitimatised

These and many other confidences gave me an inkling of the importance to general and mental health of adaptation in marriage, but it was a dozen years before I felt that I knew enough about the subject to crystallise my knowledge into a concise book, which had simmered in my mind for years and suddenly had to be written. It now seems incredible that it was the first book of its kind to be written by a doctor, and that most of my colleagues and friends prophesied disaster for my medical career on account of its frankness, a distinguished house of medical publishers was courageous enough to publish it and is issuing it to this day. That, however, is going far ahead

It was a constant wonder to me that people could ever be happy leading such drab lives in such comfortless homes and with such scant security. There was the ever-present anxiety of being out of work, no unemployment benefit existed and little parish relief. One by one their few possessions were pledged in the nearest pawnshop, of which there were many in the district, to lie there for weeks, months or maybe for ever. Life became still more dreary, without the wherewithal for a friendly 'dram' in one of the many grim little 'pubs' of the neighbourhood. There were no cinemas or radios, no cheap tea-shops or coffee-shops, few social clubs and those there were too rigid. There was, however, the delight of regimental music in the public parks during the summer months, and thus brought enthusiastic crowds of adults and myriads of dancing children.

Little was done to improve housing, and the overcrowding seemed to be accepted as something that could never be remedied. Mothers told me of their fears of incest among their children, some of whom were obliged to sleep in the same room as their elders and thus saw and heard much that should as yet have been unknown to them.

In spite of every difficulty, the patients were obedient in carrying out medical instructions, and how well they responded to rest and simple treatment! At first I was always surprised when the door was opened by a smiling relative eager to tell me that the patient was much better, for I was inclined to be over-anxious and to expect the worst. Later, when I had more experience and confidence, I made up my mind that

the patients would recover and gave them little peace till they were well again

Dispensary patients gave us our first direct contact with social conditions in the slums, and prepared those who were going into general practice for what they might meet. What I had seen as a child when I accompanied my mother on her church-missionary visits had been excellent preparation for dispensary practice and helped me to make easy contact with the patients and their families. It was a great pleasure and a solace to my far-too-compassionate parents to feel that I was now able to help the sick and sorry in a skilled and practical manner.

Perhaps the most valuable lesson that I learned was to be a good listener, and ever afterwards I have had almost limitless patience with what the sick in mind or body have to tell me. I only wish that I had the same patience for the conversation of friends and acquaintances, but I have still a great deal to learn, so this also may be added to me in time.

The sisters of St Vincent de Paul attended to the nursing side of the dispensary and, though they were not highly trained, they knew how to improvise and worked with economy and conviction, never looking for praise or gratitude, since all they did was to the glory of God. We became good friends and I often called at their modest convent, St John Street was then in good order, a quiet oasis between the Canon-gate and the Cowgate which, in the late eighteenth and early nineteenth centuries, had been the home of distinguished men of law and literature. The street is now a shambles, the little sisters are gone, no one knows when or whither, and most of the remaining houses are derelict.

On my last evening at the dispensary, the sisters drew me into their chapel, where they prayed for my success in the coming Finals. After sharing their frugal meal I left in wind and lashing rain, borrowing one of their monster umbrellas designed to protect their white-winged headgear. I was soon followed by barefoot ragamuffins, who crowded giggling under the giant gamp. Off we went along the South Back Canongate, under the arch of George IV Bridge, past the Cowgate Mission dispensary and on to the foot of Candlemaker Row. There, a gust of wind scudding in from the Grassmarket scooped under the umbrella, blowing the children homewards and myself up past

Greyfriars Bobby and across Teviot Place I strove to make for harbour in the 'Dovecote' but was whirled past it, buffeted onwards and, clutching at some railings, found myself at anchor outside my old friend Mistress Bell's house. There was no need to knock, for the old lady had seen me from the window and, opening the door, drew me into the house.

'Lord keep me, wherever have ye been with that great gamp?' she grumbled, and when told, scolded, 'Och, I can put up with your Canongate fleas but not with such like Roman Catholic havers, what would your father think of the like of that and him an elder in the West Kirk?'

Mistress Bell was one of a number of Edinburgh gentlewomen of special vintage, staunch supporters of the Church of Scotland, generous donors to foreign missions but bigoted to a degree. Such were the very pillars of the kirk and, though some may have been a little lacking in sympathy for creatures frailer than themselves, it was not so with this endearing old Scotswoman.

We had a close bond in music and it was clear that she was longing to sing, and soon she said impatiently, 'After tea we'll have some music and though ye have not your grandfather's touch, ye must just do the best ye can.' She brought out several large folios of arias studied with a maestro in her youth and sang them in Italian in a small but true voice. Presently, saying there was no one like Purcell, she began 'Dido's Farewell to Æneas', 'When I am laid in Earth,' with its poignantly-repeated 'Remember me', complaining that it was too highly pitched, she did not finish the aria and I saw tears in the faded old eyes. Did she have a premonition that this was her farewell to life too?

She began to speak reminiscently of my grandfather 'Ye have a look of him, but he was good-looking, the handsomest man in Edinburgh.' She continued, 'Your mother's bonnie too, but ye are but a plain wee thing with your fernie-tickled nose and as flat as a laddie, ye've nae breasts and I doot ye'll never get a man, so it's maybe just as well that ye are wedded to your profession.' In moments of emotion she spoke in good Scots vernacular, but when mistress of herself in too meticulous English.

She began to look exhausted and, after embracing me warmly

MEMORIES OF A DOCTOR

which was not her habit, she hurried me off and quickly shut the door. That door was never opened to me again, for that night she slept soundly and long.

Her success with my recent Canongate experiences, fact that, however skilful the nurse, it was not always to be expected.

however, before I could event, a solution of personal problems, a release those blessed with faith, the beginning of a life without end.

## The Last Lap

DURING OUR LAST TWO YEARS we were rushed through several special subjects, each one more fascinating than the last

Courses of ear, nose and throat (referred to now as E N T) were part of the curriculum, but we saw few of the cases commonly met with in general practice. We were well equipped to tackle complicated operations, but anything so simple as the syringing of an ear for impacted wax or the removal of a pea from a baby's nose never came within our ken

The training in ophthalmology was more practical, and we had ample experience in the testing of eyesight for spectacles, normally undertaken by the family doctor at that time. We learned to use the ophthalmoscope, then a complicated affair which involved the strapping of a head mirror upon the doctor's brow, a light impinging upon this was held by a nurse, who often had to stifle her mirth as she watched the clumsy antics of the students who performed amazing contortions in their endeavour to get a glimpse of the fundus of the eye. How jubilant I was when, after much manoeuvring, I suddenly saw the ophthalmic disc for the first time and it seemed, as it still does today, an amazing and beautiful sight. Normally, the fundus or root of the eye is a well-defined circular disc, pale rose in colour, over the surface of which course arteries and veins. Changes in the appearance of the disc, such as loss of outline, alteration in colour and in the appearance of its blood-vessels, give valuable information regarding the diagnosis of general *maladies* as well as disorders of the eye itself. The modern ophthalmoscope, though small, incorporates both light and mirror and



can be manipulated without aid and with the greatest ease by the merest tyro

A course of lectures on venereal disease was given, but, having attended the monthly V D clinics since our second year, we had already seen a vast number of women patients who were suffering from the primary and secondary stages of that malady. The treatment for syphilis in those days had to be carried on for two years before there was hope of a complete recovery, it consisted of the unbinging of mercury to such a degree that the drug itself caused serious symptoms of poisoning. Was it to be wondered at that patients often gave up the treatment, saying that 'the cure was worse than the disease', and that, once the outward symptoms of rashes and sores had cleared, they refused further medical treatment.

They returned forthwith to their former way of life looking perfectly healthy yet still contagious in the sexual embrace. Thus this malady continued to be propagated, bringing sorrow, pain and illness in its train, not did its baneful effects end here, for there was a tertiary stage which might show itself many years later in various maladies, among them locomotor ataxia and general paralysis of the insane (G P I). Moreover, infected women might give birth to children already deviated and bearing the stigmata of congenital syphilis.

There was a conspiracy of silence about venereal disease and the word was never mentioned before patients unless under the cryptic term of 'specific disease'. It was obvious that the surgeons disliked holding these clinics and our presence there embarrassed them, though we and they pretended that it was not so. Everything combined to make these occasions repellent and as shameful as possible. The theatre was a bare brown room with a rough wooden floor and the patients were examined on old deal trestle tables. The women wore long ugly uniforms, their hair was plaited and, looking ill and degraded and hopeless, they dragged themselves in like medieval prisoners.

Some were prostitutes, some weaklings or mental defectives and a few were honest wives wondering why they found themselves in the 'Lock Wards' situated high up in the arms of the Royal Infirmary and segregated from all contact with the world. In sole charge of the wards

was a kindly middle-aged sister who did her best to make the patients as comfortable as the circumstances permitted. We students were allowed to give an occasional concert, and this diversion was welcomed by sister, for nothing was done to amuse or instruct the patients and there was no welfare worker nor any after-care supervision.

Veneral disease has now largely lost its terrors owing to modern treatment by penicillin and the sulpha drugs which came into use in 1940. These render the patient non-contagious and bring about recovery in the course of a few weeks. Treatment has perhaps become all too easy and many do not therefore fear the risk of infection. The subject can now be discussed openly and young people know the risks and the wisdom of early treatment. It must be added that it is a little early to say for certain that there will be no tertiary symptoms in the distant future, some years must pass before this has been completely proven.

Medical jurisprudence was studied in the summer session and demanded concentrated study, especially in toxicology, the different poisons, their detection, their antidotes and treatment had to be memorised, and how many of them there were! We did not take notes, for Dr Aitchison Robertson, with admirable practicality, provided us with printed, interleaved and bound copies of his lectures. 'These notes have been compiled,' he said, 'so that you may be spared the laborious and unsatisfactory work of note-taking. I desire, however, that you regularly attend the lectures, as each day's work is amplified by illustrative cases and other matter. Blank leaves have been left so that these notes may be extended at your pleasure. Thus, at the end of the course, you will have a more or less complete text-book on medical jurisprudence.'

What a vast amount of inaccuracy and misunderstanding would have been avoided if the other lecturers had done likewise! I see that my own notes covered most of the interleaved pages and are surprisingly neat, written in black and red ink and underlined in purple and green crayon. Could this have been because these were the colours of the Women's Militant Suffrage Movement? For though we could not take part actively we were in sympathy with the storm tactics, we had a flourishing Edinburgh University Women's Suffrage Society and

hoped to be granted the university vote, then denied us because of our sex

Our lecturer was something of an exquisite in his person, being pin-neat in morning dress and top hat, his fine shoes heeled like those of a Spanish dancer. His diction was more than clear, the consonants sent forth with a ping, the sibilants silvery, the vowels pure, the voice muted yet telling. He spoke, indeed, as if he were standing in an eternal witness-box giving expert evidence at gruesome murder trials. His post-mortem examinations must have been equally exquisite, as was all he undertook, we never, alas, had the opportunity of watching them, though we were already well acquainted with those of a more rough-and-ready school.

The class was 'mixed', for some of the university men came for preference to 'Aitchie Robbie's' class instead of that of Professor Harvey Littlejohn whose father, Sir Henry, had preceded him in the post of University Professor of Forensic Medicine.

We heard much about the manner of giving evidence in the witness-box, though we were to find out later that even the doctor who knows his subject well can be made to look a perfect fool when twisted by some striping of a barrister whose only knowledge consists of what he has read up for the occasion. We learned much about sudden deaths, drownings, murders and suicides. We were satiated with infanticides and criminal abortions. Such, however, were the susceptibilities of our lecturer that when we came to the subject of rape the pages were turned over and our lecturer said gravely, 'Kindly read these pages quietly in your own rooms.' This remark would have produced in the early years a burst of ribald laughter from the men, but now they received it in silence, nor did they even bother to glance at the front bench to see how the 'lady medics' were taking it. We were all men and women now, grown-up and serious, and were done with blushings and ribaldry.

The lecture over, Dr Aitchison Robertson neatly stacked a prodigious pile of books, settled the bundle under his left arm, bowed slowly to the class, left the room and proceeded with springy steps along the flagged path to the gate of Surgeons' Hall, where his smart one-horse brougham was waiting at the kerb, a solemn mutton-chop-whiskered coachman

on the box. Into the shadow of this equipage our lecturer stepped daintily and was driven away along Nicholson Street out of sight – whither we knew not nor wondered. At the end of three months' close study, those of us who had passed the class exams and had thus obtained the certificate which enabled us to sit for medical jurisprudence in the finals hardly gave the macabre subject another thought and soon forgot all but its essentials.

Years later I happened to see our lecturer taking a morning stroll on the front at Bournemouth, for on retirement he had deserted cold windy Scotland for the nebulous sunshine of the South. He passed me by, for how could he recognise one of hundreds of students who had attended his lectures. Who could have guessed that this elderly gentleman, so mild of mien, had spent his life in post-mortem rooms, police courts and witness boxes as expert in many a grisly criminal trial? As usual, he was carrying a bundle of books, but I doubt whether they were thrillers, for he would certainly be able to pick holes in the best of them. I did not wonder that he had cut himself off from a speciality which though fascinating had many nauseating aspects and few pleasant living contacts.

Our lecturer in Public Health was quite a different period piece and his lectures at nine a.m. were apéritifs which pepped us up for the day. He breezed into the lecture theatre, doffed his grey topper and set it down with a flourish on the desk, throwing his wash-leather gloves into it. He seemed the living embodiment of public health, and radiated vitality to his class. Attired as for Ascot in a summer grey, the only thing lacking was the binocular slung on his shoulder. Though he worked us hard, it all seemed fun and frolic, and our expeditions to slaughter-houses, sewage-works and septic tanks became cheerful outings for us.

It was a pleasant change to be cherished, for there was no doubt that our lecturer had a bias in favour of the women students, who blossomed under his approbation. How good it was for the wilted ego! There is no doubt that at this epoch most of us suffered from what is now called 'the inferiority complex' – perhaps undue humility would describe it more correctly – and if we had not acquired this quality through constant snubbing we were indeed fortunate. Our lecturer actually took the

trouble to tell us that we must keep well and vital, and warned us against overwork, lack of sleep and undernourishment. No other teacher had ever spoken to us of our health except Joe Whitaker, who often told us that constipation was the root of all evil. 'Keep the bowel clear and the mind easy.' He told us that no matter who was lecturing in the dissecting-room we were to use the water-closet, the only convenience we had in Minto House, this was situated with unnecessary indecency in the middle of the room, open but for a shoulder-high palisade that tightly surrounded the ancient, noisy contraption, which was in frequent use.

All good things come to an end and, with a kindly smile, Dr William Robertson handed me the class prize as if he were giving me the cup at a horse show. This jovial doctor, handsome as a film star, kindly as a favourite sporting uncle, did much more for us than merely instil his subject into our jaded heads.

Our examiner in Public Health was Professor Hunter Stewart, a friend of my father's who, though he had known me from childhood, treated me as a complete stranger. Not did he shorten, simplify or make sociable my oral examination. This was doubtless to ensure the scrupulous fairness with which examinations were conducted even by those who disapproved of women in medicine. Unlike the men, we had not been taught by the professors who examined us and were therefore at a certain disadvantage on these occasions.

Another subject fast becoming a speciality was that of infectious fevers, the lectures being given by Dr Claude B. Ker at the recently-built Fever Hospital which enjoyed fresh breezes from the Braids and the Pentland Hills. Dr Ker was a dynamic teacher and as the course was short, he conducted his lectures and ward visits at such speed that we were hard put to it to follow. Clad in long Mother Hubbards, we rushed after him as he quick-stepped, as if to pipe music, along corridors and into wards till he abruptly drew back at a bed, performed something like a salute as he removed his monocle, and swooping down, peered with short-sighted eyes to seek the choicest rashes for our inspection and education.

In those days children were positively encouraged to contract fevers, for if one in a household was stricken, parents often thought it best to

let the other children take their chance and get it over. Nowadays everything is rightly done to protect young children from infectious fevers, for even with modern treatment they may bring serious complications in their train. We saw countless cases of measles, still a mystery fever today but then a mighty killer of the young, usually on account of pneumonia. Whooping-cough was often a most serious malady, but today it is much less formidable and its treatment much better understood. Cases of scarlet fever were plentiful and we were well grounded in its complications, but now, owing to the Dick tests which disclose susceptibility to this fever, and the ability to build up resistance to it, most of its terrors have disappeared.

Diphtheria was at that time the most dreaded of the childish fevers because of the risk of suffocation through the diphtheritic throat film blocking the passage of air to the lungs. Patients were brought to the hospital already black in the face, suffocated and often moribund. The delay was not always due to the parents' ignorance but often depended upon the laboratory, for facilities for speedy reports did not then exist. In many cases tracheotomy was necessary and we were well grounded in the technique of this operation, it consisted of opening the trachea (windpipe) in the front of the neck and inserting a small silver tube through which air might enter the lungs below the diphtheritic film. No one who has performed tracheotomy, as I had to do a short time after my graduation, can ever forget the drama of the lightning change from an apparently lifeless child to a living, breathing, rosy one. The situation today is far more benign, for it can be ascertained by the Schuck test whether there is susceptibility to the diphtheria bacillus – in which case the child can be immunised against it. If there is the least suspicion of a diphtheritic infection, throat swabs are sent for immediate laboratory investigation and if positive, anti-diphtheritic serum in the requisite dosage is immediately injected. The rapid and beneficent effects of this treatment are no less than miraculous and a wonderful boon to the children of mankind.

Dr Ker lectured to us on smallpox and typhoid, but he had no case to show us and said that they occurred very rarely in Great Britain. His final lectures dealt with typhus and cholera, but he confessed that he had never seen a case of either of these violent fevers. I could not know that

within a few years I should live and work daily among dysenteries and malarias in Macedonia, typhoid and typhus in Serbia and cholera in Russia, not to speak of the smallpox endemic to those countries . . .

One of the last specialities was that of insanity, the study of mental illness, which was then looked upon by the public, as it still is today, with fear and the quite erroneous belief that it is an incurable illness. There were lectures during the summer session and a weekly clinic on a series of lovely summer afternoons in the County Asylum in Stirlingshire, where patients were shown. Cases of each particular type of insanity in their many phases were demonstrated: the early and acute, the convalescent, the fully-recovered and, alas, also the chronic state.

When we began the course we were as ignorant about mental illness as members of the general public and like them we imagined that once insane there was little hope of recovery. We observed to our surprise that under good hospital conditions a high percentage of the patients returned to sanity and were able to resume their normal routine of life and work. Mental illness was, in fact, very often curable although it might last for many weeks, months or even years, but when recovery took place there was nearly always a complete return to the patient's normal.

The systematic lectures dispelled the mystery surrounding this illness, which was and still remains a fearful secret in the families in which a member has suffered thus. We had heard not one word of mental illness in the course of our hospital experience and it seemed that most physicians were entirely uninterested in the subject and were strangely patronising to those who were engaged in the speciality of insanity.

The patients themselves convinced us that the popular conception of mental illness was a very false one, for we saw, instead of dangerous lunatics, sad, timid and frightened people. There was nothing in their behaviour that could not also be observed in the sane caught in temporary moods of sadness, tearfulness, despair, undue hilarity, garrulity, rage or sulkiness, though such phases in the insane were prolonged whereas in the mentally healthy they were ephemeral. The most furious of the patients was less unpleasant by far than a boisterous, noisy drunken man or a raging, nagging, quarrelsome woman.

Dr G M Robertson was an advocate, indeed a pioneer, of sanatorium conditions in the acute stages of mental illness, and many of the patients were kept in bed on wide verandas summer and winter. All the bed patients, men and women, were cared for by nurses, but in the wards where there were restless or excited men, male nurses shared the duties.

This was a real hospital and had nothing of the custodial institution about it, there was no locking of patients in single rooms day or night, nor was there any form of restraint. Dr Robertson held that having recourse to locked or padded rooms or to shackles was a confession of failure in care and nursing. Such methods of restraint, which still obtained at that time in many asylums in England, had in his opinion not only a harmful effect upon the patient but were demoralising to the staff, tending to make them careless, unobservant and impatient. He averred that if means of restraint were available they would probably be used to save trouble, human nature being what it is.

Each year our lecturer appointed a man and a woman undergraduate whom he designated as 'clinical assistants' to join his staff during the summer vacation following the lectures. I was the fortunate woman to be appointed to this post, which carried the definite duties of systematic physical examination of each patient, meticulous reports had to be prepared and duly recorded in monster case books.

This was excellent experience both in general medicine and mental disorders for, while examining the patients, I conversed with them and thus learnt a great deal about their condition of life, their background, the onset and course of their illness. This was supplemented by what I learnt from the senior physicians, the matron, and the nursing staff, most of whom had long experience of mental ailments. There was not the slightest prejudice against women doctors, a most unusual attitude at that time, and since our chief firmly believed in women's work in this speciality we were indeed a happy staff.

We clinicals were keen and diligent, but there was ample time for outdoor games in the afternoon and for reading in the evening. Patients and staff lived on the fat of the land, for the large home farm supplied the finest foods, such as lashings of cream for morning porridge and strawberries, which seemed to last throughout that



halcyon summer. If anyone had told me a few months earlier that happiness and fulfilment could be found in what was then called a lunatic asylum I should have been most incredulous. I was entranced by this new hospital world, so complete in itself, where I was beginning to understand a little about mental illness and also how to live contentedly at close quarters with all manner of men and women, sane and insane. Asylum life was 'a very particular way of life' requiring 'a special technique of living', but since neither of these jargon phrases had yet been invented I managed, as countless others had done before me, by trial and error, receiving many helping hands on the way.

I became conscious that I was already launched in my profession, and because I still knew so little I began to offer diagnoses with the greatest confidence. Fortunately, my seniors kept me in my proper place, mostly by good-natured teasings. I began to be quite used to being laughed at and made to feel the complete fool that I was, this was sorely-needed discipline and it was to stand me in good stead over many rough places.

The summer's post came to an end all too quickly and farewells were said with regret. I returned to Edinburgh for the beginning of the session, elated with my clinical experience and feeling a little superior to my fellow-students who had merely been on vacation. There was only one more year to the finals for which we women had striven, perhaps too valiantly, and with too much sternness and determination, qualities which did not render us any more attractive in appearance or manner. It seemed then, however, as it still seems in retrospect, that at that epoch this effort was inevitable, for we were straining to keep up the side and to help to justify the cause of women in medicine. How fortunate are the women of today, for they can relax, be natural and feminine and are accepted simply as medical students and not as 'the lady medics'!

## CHAPTER ELEVEN

### The Finals

'I'm passed, I'm passed  
And capped at last!'

Sir Douglas MacLagan

THE END WAS NOW IN SIGHT and as the session lengthened the days became charged with anxiety, faces were grey and drawn, eyelids drooped with sleep, many students went into retreat for days on end at their 'digs', going over their lectures again and again and devouring their text-books. They absented themselves from hospital and, during the month preceding the examinations went out of circulation altogether.

I often felt that it would be wise to do likewise, nevertheless I continued to spend all the morning and most of the evening in the wards. There was no real virtue in this, nor was it a deliberate policy, the plain fact was that I could not keep away from hospital, for the patients enthralled me more than ever. I could now see that no two cases were ever exactly alike, though possessing a certain similarity, and was able to store them in groups in the pigeon-holes of my memory. After four years' daily attendance at hospital, it was possible to look back reminiscently on old cases, compare them with the new and not only diagnose but hazard a prognosis or forecast of the future course of the ailment.

Though the psychological aspect had never been brought before us, I began to see for myself how differently patients reacted to their illnesses and operations. Some were hopeful and made an effort, some responded quickly, others slowly, and thus depended upon a host of internal and external factors, known and unknown, personality apparently coloured their lives in illness as well as in health. Watching

their progress or, alas, their regression, was now doubly fascinating. I continued to attend all the clinical lectures and ward visits until the day before the finals, and my fellow-students often asked me when I had time for reading. When indeed? But graven upon my memory were the actual cases, and technical books are easy reading with a living example before the inward eye.

The examination questions in surgery seemed like a gift, and were upon subjects that had been stressed in the hospital lectures during the previous few weeks. The paper seemed unbelievably simple, though on all sides were the usual complaints about the unfairness of the questions. For those who had followed the prescribed syllabus of hospital work they were simple yet fundamentally searching and almost seemed a reward for faithful hospital attenders. Thus it was that some of the most earnest and hard-working students failed miserably in surgery because of over-zeal in cramming and under-attendance at hospital.

The papers on medicine and on obstetrics ('Midder' to students) were unexpected but fair and, as usual, discussions about the absurdity of the questions went on interminably, we asked each other what on earth the examiners thought they were doing, and we debated what the answers should or should not have been.

We women waited for our orals ('Vivas') in alphabetical order along with the men, who were always most agreeable to us on these occasions of mutual trepidation. We had never met the professors who examined us, while the men had attended their lectures and thus we were at a certain disadvantage. My own experience was that we had a fair deal and justice, but whether it was tempered with mercy was a moot point, for quite a large proportion of the examiners could not brook the very name of medical women, much less the sight of one. The professors doubtless felt they had a great responsibility in passing women graduates and setting them loose upon a world which, till a short time before, had been a unique male preserve.

Mr Alexis Thomson, a renowned surgeon and the idol of his patients and students, was my surgical examiner. I was looking forward to meeting this superman, in spite of my apprehension, and after what seemed a long hiatus, I was ushered into the presence of 'Alexis' (as he was proudly called in *absentia* by students) and he looked as impressive

as I had expected but strangely wilted and weary I guessed that he was overworked and that his task of examining (and ploughing) students was boring and distasteful to him.

'Yours is the best paper I have seen so far,' he drawled rather sleepily, 'and, as you're within an ace of being a doctor, you had better demonstrate these instruments to me and save me the trouble of questioning you, for, as you have already observed, I am rather exhausted.'

I picked up the instruments one by one and went quickly through them, giving details of their history and uses (for I had handled them all countless times in the theatre) and when I had finished, I looked over my shoulder and, seeing that the mighty Alexis was fast asleep, kept stock still for what seemed an eternity, until I heard him say curtly, 'Thank you, that will do.' The short sleep had completely revitalised him, for it was a new Alexis that I beheld, dominant, magnetic and now distinctly aloof, as he indicated rather imperiously that the examination was at an end.

The medicine oral went quite well and then followed gynaecology and obstetrics, in which subjects I was destined to meet Sir John Halliday Croom, renowned as the University Professor in these subjects and, as a teacher and *raconteur* of the first order, famous for his skill manual dexterity and long experience. Standing before me was a tall, spare *grand seigneur* in impeccable morning dress with a wide black ribbon securing his high-bridged pince-nez. For a full minute or two he peered down at me severely and at length his face began to pucker into a smile, as he said in a muted voice as if he were speaking to himself, 'D'ye know, I think you will make a fine little doctor.'

This kindness and belief in me were so far from anything I had expected that they all but shattered my composure, but the professor sensed my emotion and, putting his hand on my shoulder, led me slowly round to examine the specimens, asking me searching questions in a gentle voice which carried in its timbre something of the Scottish preacher. His courtly manners and his sensitive consideration for the individual were doubtless important factors in his great distinction as an obstetrician. The mere sight of the calm, stately professor must have given complete confidence to women in labour and to their anxious husbands. I had crept into the examiner's room as nervous as a kitten,

but I strode out confidently, purring like a tabby cat, assured and very, very happy

Thinking about the personality of Professor Sir John Halliday Croom, it became clear to me that it was not only academic knowledge and dexterity that had made him what he was, but many other qualities that I had barely sensed until half an hour ago. We students had never heard about the influence of the doctor's personality upon the patient, nevertheless, I could not help observing that some showed perfect confidence and were at their ease with one doctor and were shy and apprehensive with another. Was this due to the good bedside manner that had never been dealt with in our lectures though the laity often spoke of it when discussing their doctors? Did I possess this quality naturally, or if not, could something be done about it? In any case, I knew now that the finals did not mark the end of learning but only the beginning.

A few days later, I knew officially that I had passed and should soon be able to write M B, Ch B after my name. The graduation ceremony took place in the MacEwan Hall, which stands solidly between the School of Medicine and the Students' Union, and its interior makes a dignified and beautiful setting for a ceremony that is a milestone in the life of every graduate.

That superb organist, Dr T. H. Collinson, played music by Handel and Beethoven, and surely no other composers have yet eclipsed them in music for the ceremonial occasion. Waves of sound soared round the Palladian galleries and drowned the excited chatterings of the proud families who had come to Edinburgh for the 'capping'. Then came music new to me and I guessed that the organist must be enjoying his own improvisations, first, a simple theme, then two variations and a massive noble melody. These, however, I soon came to know as the fourth, eighth and Nimrod of Elgar's *Enigma Variations*. I have never quite forgotten the first hearing of these fragments, which are interwoven with bitter-sweet memories of that auspicious day.

We were a comely company, sitting in alphabetical order in the front rows, facing the heavily-gowned *Senatus Academicus* who were ranged on the dais. We were solemn of mien, dressed in the unaccustomed garb of black academic gowns and fur-edged magenta hoods, and in

our hands we clutched mortar-boards, the men wore white tie and tails, many of which were probably borrowed or hired. This was then a dark secret, whereas nowadays young men brag of their hired glad rags. Snobbery and inverted snobbery, is there any difference between the two? We women wore white dresses, with which we had taken as much care as if we had been arrayed as brides, but they were all but hidden by the voluminous black gowns, made only in male sizes. We had every right to be robed in purest white, for we were indeed vestal virgins who had led nun-like lives, resisting all amorous delights and leading what was in fact a cloistered life.

There was a variety of hair-styles, and every one of these shining heads had been dressed at home, 'Merry Widow' curls were the most bewitching, but there were top-knots, 'pompadours' and great plaited buns over the ears or on the nape, making far more individual and becoming coiffures than those of today. We employed no aids to beauty and our well-washed faces were innocent of even a vestige of powder.

We hardly realised that we, who had worked together every day for five years, were meeting for the last time and that we should soon be scattered to the ends of the earth. Daisy would marry a fellow-missionary in a few weeks' time and together they would sail to the Belgian Congo, Elizabeth would return to her home in Australia, Marion would go to a mission in China. Annie, a most gifted and earnest student, would work for her Diploma in Public Health, but she was to find, all too soon, the strain of an over-dedicated life too severe and herself too vulnerable. Lizzie, my erstwhile midwifery colleague in the slums of Glasgow, bravely set out for London to specialise in ophthalmology, as she had always meant to do. Rosie, twice my age, who had often given me sound motherly advice was, as usual, as neat as a new pin, her slender neck encased in an Edwardian pearl collar, her tiny feet in beaded slippers, her bright puckish face radiant. She had been a courageous and cheerful student and was soon to become a beloved physician. I never saw her after that summer morning, for she settled in a busy industrial town in England, consistently overworked, and not many years later succumbed to a street accident, while hurrying to a patient. Lucy, Lorna, and Mary would have to try again.

next year and, while we sympathised, we knew that it had to be so.

The men had no difficulty in obtaining posts. Some entered the Indian Medical Service, the Royal Army Medical Corps, the Colonial Medical Service and the Royal Navy, these were pensionable services where the rewards and promotion were then considered to be generous. The pick of the graduates were appointed for six months as 'Residents' at the Royal Infirmary, which gave them excellent experience and put a stamp upon them for life, since they were working for most distinguished chiefs in a world-renowned hospital. All these avenues were completely closed to women.

Why then had we women worked so hard and long to qualify as doctors, unless we intended to go to some far-off mission field? For it seemed to be only there that we could be sure of obtaining an immediate appointment and be permitted to marry and be fruitful into the bargain. There was hardly a handful of appointments open to us, most of them unpaid, and one or two assistantships in big general practices in English industrial towns. One or two appointments in the Highlands and Islands of Scotland were sometimes held by women if no man were available. Conditions in those outposts could be gruelling and occasionally such that the unfortunate doctor was practically forced to swim to her patient through storm and tide, firmly gripping her medical bag in her mouth like some great St Bernard dog.

Why did we ever embark upon such a hungry sea? It was because we never doubted that better times were sure to come and that if we continued to prove our worth new doors would open to us and our successors. There was not a doubt that the public approved of us and we could see for ourselves that we were appreciated by the hospital and dispensary patients. Meantime, we could not afford to be exigent and grasped whatever posts were available—paid or unpaid, though some had to mark time for a considerable period before they got any sort of appointment.

I was very fortunate in not having to seek a post for I had been invited to join the staff of the Stirling District Asylum, where I had been clinical assistant during the previous year's summer vacation. I was to work in the laboratory, have quarters, board, laundry and a salary of one hundred pounds a year. This was then quite a lordly sum.

for a beginner and I would be financially independent of my parents. My father, most patient, faithful and unworldly of men, was quietly proud of his only daughter but gave never a thought to what she might earn nor one word of advice as to how she should shape her career. His dearest wish was that I should do good, lead a good life and not go too far afield for my medical work. On the day I graduated he told me shyly and reluctantly that the only way in which I had disappointed him was that I had gone so seldom to church while a student. A man of simple faith, he was an unassuming Christian, so generous and kindly that many considered him something of a saint. He said that he had pondered long and anxiously over my defection, but he had at length comforted himself with the conclusion that if I were leading the life of the Good Samaritan I might be as real a Christian as if I attended church regularly. I assured him in a few halting words that I would try not to disappoint him in the future.

My mother was no less compassionate, but she was a realist, a feminist and ambitious for her children. She considered that women were competent to fill the highest posts in the medical world and, although she hoped that my first duty would be to the sick and poor, she trusted that I should be rewarded for my labours and have a successful career. I used to swell with pride when I heard her beating the drum for women doctors, for though gay and kindly by nature she could be very caustic when defending this cause. There were still a good many women who vowed that they would rather die than trust themselves to a woman doctor, and for such ridiculous people she had no patience and promptly demolished them, though inwardly registering them as poor fools who knew no better and were hardly worth the bother.

My parents had made considerable sacrifices to send me to the university and there were still my three brothers to educate. The eldest had already taken his M. A. degree but was continuing his studies at the university, and the younger two were still at school. I resolved that I would strive to do what I could to justify the faith my parents had in me.

I did not intend to make up my mind as to my speciality until I obtained a higher degree, and while sitting that morning in the



MacEwan Hall I decided to obtain my Doctorate. This degree could not be granted before the age of twenty-four, so there were more than two years to wait, but it would take me at least that time to prepare a thesis. My parents thought this was a good idea, my father adding laconically that he had always heard that a doctor who was not an M.D. was not worth a D—M! That clinched the matter, with the result that two years later I was 'capped' as Doctor of Medicine with honours for my thesis. This was not achieved without difficulties and there were all-night sittings in the laboratory when I had finished my routine work for the day.

Meantime, one by one, our names were being called and, as I watched each fellow-student walk slowly up to the dais, I could not believe that they were the same men and women who had begun their studies five years before. Today they seemed to be transformed, and there was a bloom upon them, no longer were the men casual and shabby, but smart and assured, the women feminine and pretty, and one and all of them looked ready to conquer the world.

Many of them would be plunged as 'locums' into large general practices during the coming holiday season, which would enable them to observe the more trivial side of medicine. So far most of our experiences had been among hospital cases and we were therefore inclined to suspect the worst in every sign and symptom. It was to take most of us some little time before we were able to learn to leave well alone, for our reaction was always to do something and therefore to practise

object, said to be made from the nether garments of George Buchanan, sixteenth-century scholar and philosopher and one of the founders of our university. I could not help smiling as I remembered some lines of Sir Douglas MacLagan's:

'How proud my mien and when I hear the Dean  
Proclaim my name and station  
How swells my heart as I play my part

In this great graduation  
 How pleasant the tap of the velvet cap  
 Which old tradition teaches  
 Was made from the rear of a half-used pair  
 Of George Buchanan's breeches '

Soon the members of the *Senatus Academicus* filed out, and the ceremony was over. We had no opportunity of saying good bye to our fellow-students, for we were whisked off by our proudly possessive parents to family celebrations, before which we had to submit to being photographed in 'cap and gown', the mortar-board poised uncertainly, the elbow resting upon a tidy pile of books not even remotely concerned with medicine.

So we went our several ways. Few of us ever met again, for Edinburgh graduates have ever been rovers. There is comradeship between the alumni of Edinburgh University, and it is heart-warming when doctors, who never addressed a word to me when we were undergraduates, tell me that they remember me as I do them.

Comparing those days with the present, it would seem that medical students are living in vastly better times, they enter the medical schools about two years later, having already some knowledge of chemistry and physics. Who can say whether they work as hard or are more thoroughly trained than formerly, for this depends on many and varied factors. The quality of the training fluctuates greatly according to the distinction of the professors and lecturers, so that an English provincial school may be renowned for a period and a London school for another, while the Scottish schools, especially that of Edinburgh, usually stand high – but I am probably prejudiced. Commonwealth and foreign students naturally choose the university with the best reputation, and it is healthy that there should be rivalry between the medical schools and pride in the pre-eminence of one's own.

The curriculum has greatly altered, for much has been eliminated, a great deal more added and, while the teaching has become more scientific, it tends to be less clinical and personal. Young graduates are not so ignorant about life and worldly affairs, not so ingenuous and possibly less altruistic than we were when we stepped out blithely to

pursue our great calling. This is all to the good, since the public too is better informed, having at its disposal literature upon medical and psychological subjects, moreover, daily newspapers freely discuss matters previously taboo, subjects like sex have at long last become almost respectable.

This education of the public makes for more understanding and co-operative patients. It means, however, that the doctor must take time and trouble to give more information to his patients than formerly, and this is not an easy matter, since they are perforce talking at different levels.

Women students are far more numerous today and receive their training side by side with the men. Mercifully, the woman doctor is no longer obliged to protect herself by putting on the act of superwoman, which used to be expected of her, she was obliged to be aloof, appeared to be a little inhuman and, because of restrictions and strictures imposed upon her, was in danger of becoming a little bitter and frustrated. She may now follow her own taste in apparel, recreation and in the pattern of her life, and may be as attractive, feminine and human as she likes—in fact, she may be herself while formerly she strove to do a little better than that!

Numbers of medical students marry nowadays and tell me that they can thus lead a more settled life without sex problems, and that contraceptive techniques give them freedom from the responsibility of a family while they are undergraduates. The authorities, who pay sub-

children's allowances after marriage, but the State smiles benignly on the many married undergraduates.

Volumes could be said for and against this generosity, but it is in tune with the tolerant era in which we live, marriage in the tutelage stage cannot be desirable in every case, but for certain individuals it may be a wise and beneficent arrangement, and such couples are fortunate indeed to be thus subsidised while still training for their life's work.

In England until recently women were forced to give up their appointments on marriage and, as married women were debarred

from applying for posts, many hardships were suffered in consequence. It can now be said that, in general, married women may continue in their posts, but it should be made as easy for them as for factory workers to have leave and allowances for stated periods before and after the birth of their children. Women doctors should be made more use of in part-time work while their children are young, but it does not seem to be the present-day National Health policy to create such posts.

In spite of being generally accepted, medical women have still a long way to go before they reach their well-deserved true equality, for there are still almost no key positions held by them. There seems to be far less prejudice on selection boards from medical men, and none from the lay members, so it is to be hoped that women will soon secure some of the higher appointments in open competition.

England has lagged behind in promoting its women, more especially in view of the fact that it probably possesses a finer body of educated and trained women than any other country. Even in the countries where women are termed backward, for example, Yugoslavia and India, the governments are very wisely promoting their educated women. There appear to be no heights they cannot reach and they have soared far beyond the Englishwomen's range, holding posts as university professors, judges of the high courts, superintendents of hospitals, senior army surgeons, as well as those of foreign ambassadors and governors and ministers of state in their own countries. Such women declare that they are amazed that those Englishwomen who have actually trained, educated and inspired them should be left so far behind.

Freedom to live life to the full, together with the support of the authorities and the public, as well as the regard of her patients, have all contributed to the production of the efficient woman doctor of today. She is without any doubt superior to her medical ancestors in the noble art of medicine — for art it must remain, however much science enters into it in the future. Women doctors may not be as idealistic as formerly nor are there likely to be so many selfless medical missionaries, but they will take a more realistic and practical view of life and therefore be more helpful and understanding of the spirit of the age in which they live.

## CHAPTER TWELVE

### Larbert

WHEN I TOOK UP MY DUTIES at Larbert Dr George M Robertson had recently departed and the new Physician Superintendent was making his personality felt in no uncertain manner. Our late chief had radiated a sparkling enthusiasm which inspired his assistants, but his successor put a blight upon the brightest spirits and positively disliked exuberance or experiment. The old chief was always thinking of things which needed to be done, the new of what could be eliminated, while the old one had a scientific outlook, the new one had the attitude of the businessman.

Many considered that he was an admirable administrator, and it is certain that not one penny of the ratepayers' money was wasted. The medical staff, however, was not impressed by what it flippantly called 'the hotel-keeping business' which extended to our medical and laboratory requirements, the arguments as to whether this could be done without or that could be substituted were unending and it often seemed hardly worth the effort to argue the point.

Economy and ceremonial were ingrained in him and began each morning with his entry into the administrative block, which could have been made unobtrusively by a side-door close to his office, he came, instead, to the main entrance by a circuitous route. There, he was met by our rollicking old porter, Cowan, now subdued to near extinction, his ruddy visage strangely grave, his bristling Dundreary whiskers wilting. He preceded the chief down the beeswaxed corridor, his eyes downcast as he tiptoed self-consciously on his squeaky boots, and threw open the office door, waiting to close it until the medical

superintendent had taken his seat at the roll-top desk Cowan then mopped his brow and said gravely to whoever happened to be near, 'I doot it's a nor'-easter the day!'

When we heard the chief's rich and haughty voice (his one charm *for me*) we all stiffened to a tension which could be felt throughout the building. In sequence, the chief steward, storekeeper, bailiff and head-gardener were interviewed and, at long last, the matron and senior physician. We others were summoned from time to time, and were obliged to seek a personal interview in order to request leave from the hospital or laboratory for even a few hours.

Medical officers had no off-duty hours, and were not allowed to be absent overnight or for the week-end. We were required to travel first-class by train lest we should fraternise with the nursing staff, and the matron and myself were bidden to jog along by horse-cab to the station instead of going on foot across the "Tryst". We were not permitted to meet the board members when they made their visits or to know the local people, and chatting with the assistant matrons and sisters was not encouraged. The matron and medical staff therefore formed a closed community, except for the visiting chaplain, and this drew us together in a warm friendship which pleased our chief still less.

We doctors met at meals and laughed and grumbled to our hearts' content but elsewhere kept a loyal front. The matron, who made a real home for us, sat at the head of the table, at its foot the learned senior physician, a purring cat upon his shoulder, talked the choicest and latest psychiatric shop. Discussing cases is helpful alike to the experienced and the tyro, who may even by his artless questions open a long-closed door and thus be the innocent means of solving a problem. The conversation was of enthralling interest to me, for it co-ordinated my work in the laboratory with the clinical or bedside study of the case and thus my pathological investigations became doubly valuable to both the patient and myself.

Many relays of young doctors sat at that merry table, for few stayed more than a year. Some felt that the life was too restricted, the work uncongenial and the promotion too slow. They discovered that it would be many years, if ever, before they reached the rank of medical superintendent, and until then there was not a solitary chance of their

being allowed to marry and have a house of their own. Cottages could easily have been built within the grounds, but it was the tradition that doctors should remain celibate and receive salaries which barely reached two hundred pounds a year, till they became medical superintendents. Our own senior physician had wanted to marry for many years but the poor man lost his lady, for she saw that it looked as if he would have to remain a bachelor for all eternity.

Many promising young psychiatrists were therefore lost to the speciality. Such was Donald, studious, hard-working, a gifted teacher and lecturer, but he wanted to marry. There was the gentle Gilbert, who left because he felt this work too deeply, though he found a certain solace at the piano with Bach and Beethoven. There was the dreamy Charles, forever reciting poetry of his own and of other obscure poets, who needed companionship and a life outside the hospital, and the endearing Vincent, light-hearted, brilliant, but impatient of authority, and Rammie, who could stand the monkish life no longer.

At this epoch there were many excellent Scottish asylums, but Larbert had gone much further in hospitalisation than the others. The nursing was on a very high level and I doubt if the equal of it will ever be seen again, largely owing to the growing difficulties of maintaining an adequate staff. The matron, Miss Jane McGrigor, was a general-trained nurse, as were also the assistant matrons in charge of each house, and at this time such a highly-trained staff was revolutionary. Yet such an admirable matron received no more than one hundred pounds per annum after many years' service, though no salary could have adequately paid for the quality of her service. She came on duty at six a.m. when she hurried from house to house in all weathers, her white veil flying behind her, and worked unceasingly till the night matron came on duty.

Fundamentally, our chief was a good and conscientious man, but it was obvious that he was not a devoted psychiatrist. He was, however, most assiduous in looking after the physical welfare of the patients and thus played an important part in their recovery. The farm provided food of the highest quality and, since the patients were invariably ill-nourished on admission and were plump and rosy on recovery, it

follows that good food was a beneficial factor. The grounds, gardens and glass-houses were show places, the wards gay with flowers and potted plants. The convalescents enjoyed working in the gardens and farm and kept the cricket pitches, the tennis courts and bowling greens in order, receiving certain favours for doing so.

The women convalescents enjoyed asylum life, for never had they had such a restful and carefree time. They had left school before their fourteenth year to go to work, then followed early marriage, a large family and few holidays. Husbands often begged to be allowed to take their wives home before they had fully consolidated their recovery and were allowed to do so. There is nothing to prevent this unless there is a definite medical contra-indication, and when the patient leaves the hospital with the responsible relative the certificate automatically becomes null and void.

The women went home without a word of practical advice upon contraception, since the very subject was taboo, and very soon became pregnant. The convalescent men were often impatient to be discharged in their anxiety that their wives and children should not suffer from their being out of work. There were no mental out-patient departments where advice and treatment could be given, and seldom was a patient seen by a doctor until he was so excited and confused as to be recognised as insane by his neighbours, or so depressed that he had made an attempt at suicide. The danger was not that people would be wrongfully certified but that so many cases were left undiagnosed and received no treatment in the early stages.

There was no dearth of nurses, and they came for three years' training so as to gain the certificate of the Medico-Psychological Association. Some were the daughters of workers on the estate and many came from Ireland, pretty, gentle colleens with smiling blue eyes and lovely complexions. They made excellent nurses and had endless sympathy with the patients who were soothed by their kindly ways and endearing voices. When there are no locked rooms, mechanical restraint or seclusion, there must be constant vigilance. A large nursing staff is therefore essential, but this was easily obtainable at comparatively low cost at that time.

The old chief had been greatly concerned about the welfare of the



nurses and deplored the fact that in mental hospitals they usually slept in cell-like rooms off the wards. He therefore built a nurses' home planned on the lines of the Turnberry Hotel: each nurse had a well-furnished study-bedroom, and there were many amenities, including a library and recreation room. This was an innovation which was ultimately copied elsewhere.

The male nurses came as bachelors and many married nurses with whom they had worked in the hospital. The medical world smiled cynically at Dr Robertson's revolutionary idea of having men and women nurses working in the same wards and were convinced that it would lead to frivolity or worse. I daresay there was a kiss or two on the sly, but there was ample supervision by the assistant matrons. This was the ideal way of staffing the men's wards, for in their boisterous moods they required a man's care and yet needed a woman's influence and nursing.

The nurses became attached to their patients, with whom they spent long hours in the wards or outdoors. It gave them pleasure to arrange little treats for them, and their never-ending patience and kindness helped in no small measure to hasten their recovery. Nurses and patients enjoyed the entertainments which were given each week by relays of amateur and professional troupes, but those they liked best were given by the matrons and doctors. The high light of the week was the Wednesday dance when, to the music of a small house orchestra, staff and patients danced together. The women wore bright cotton evening-dresses and the men their Sunday suits and white cotton gloves. The dance opened with the 'Circassian Circle', so that everyone could meet; then followed waltzes, lancers and schottisches, but the men liked best the 'Dashing White Sergeant', so that they could have a lady on each arm. The patients danced well, the orchestra was composed of members of the staff who had been musicians in the Army, and they played the best dance music of the day. The patients' dance was the one jollity of the week and we doctors enjoyed it as much as any patient.

My post was that of Resident Pathologist, and I inherited a detached building containing a well-equipped laboratory with incubator and photographic rooms, post-mortem room and mortuary. My first duty

was to carry out routine pathological examinations on every new patient, including a blood examination by which the degree of anæmia could be ascertained. A blood smear was also taken for microscopic examination, for I intended to carry out a piece of research upon the white blood cells. The smear was stained by chemicals which clearly differentiated the white cells into polymorphs, lymphocytes, eosinophiles, mononuclears and other varieties which normally are in known proportions. I continued these examinations for three years and each patient's smear was taken at intervals, so that eventually I held thousands of specimens.

There seemed no doubt that the balance of the white cells was disturbed in certain mental conditions, for there was a great rise in the percentage of lymphocytes in some and of eosinophiles in others. It was a fascinating study though time-consuming, but I felt I could not base a definite conclusion on my findings until much wider researches had been made and co-ordinated with clinical observations. I felt that there was still a great deal of rewarding research to be done on the blood examinations of mental patients and I believe still more firmly today that the great mystery underlying acute mental illness will ultimately be solved in the laboratory through biological and cytological research.

I had been at my post only a few weeks when I realised that I was ignorant about the special laboratory routine required in a mental hospital, so I obtained grudging consent for short study-leave and betook myself to the Scottish Asylums Central Laboratory. Dr Ford Robertson was its director, a reserved and diffident man to whom I became devoted, he was something of a blighted genius who worked during his entire life for a pittance and did not repine. His poorly-equipped laboratory was situated in a small flat in a residential area of Edinburgh and for want of adequate assistance was always in an unholy muddle, but he worked on oblivious of it all and found time to teach me his complicated methods of making autogenous vaccines. These were made from the patients' own blood serum and he prepared them himself so that patients in mental hospitals should be treated by this means. He hoped that I would prepare my own vaccines for patients and thus I did and treated patients selected by my colleagues with some

success Treatment by the injection of autogenous vaccines is seldom given today, but it is certainly useful in acute mental illness, especially if there is some focus of infection, as is frequently the case

Dr Ford Robertson was working at that time on general paralysis of the insane (G P I) and had at long last isolated from the patient's blood a bacillus hitherto undescribed, and had named it *bacillus paralyticans*. He felt that the long-awaited day had arrived when he could begin to treat cases of G P I, at that time a hopeless malady. There was no lack in our hospital of cases of G P I, a specially tragic illness, as it often attacked successful, brilliant men in early middle age. They lived for only a few years after the first symptoms and gradually suffered complete disintegration of body and mind. There was at that time more than a suspicion that the root cause was syphilis acquired much earlier in life, but in the year of 1910 this was far from being proven.

Dr Ford Robertson, however, did not believe that syphilis was the fundamental cause of G P I. But he earnestly hoped that he could begin to treat and cure cases of this devastating malady with his serum prepared from the *bacillus paralyticans*, with which he asked me to treat our patients. I was very willing to collaborate with him in test cases, for though I inclined, through taking the patients' life histories, to a syphilitic basis, might there not be an adjuvant cause? After all, only a very small proportion of those who had been infected by syphilis were attacked by G P I.

Alas, it was not long afterwards that pathologists in other laboratories finally demonstrated that *bacillus paralyticans* was a mere skin contamination, and this was a grievous disappointment to this sensitive worker. Earnest and unremitting search after the truth in the laboratory can lead a lone worker off into strange untrodden bypaths. Though no one doubted Dr Ford Robertson's integrity, I believe that he never recovered from chagrin and sorrow at having failed in his endeavour to cure a malady upon which he had made untiring research for many years of his life.

At this time I also worked in the laboratory of the Royal Mental Hospital, Morningside, where Dr G. M. Robertson was now the chief. Dr Winifred Muirhead, whom I had succeeded at Larbert, was now director of the splendid laboratory planned by herself, where every-

thing was neat as a new pin. She was working on the Wassermann reaction, then in its infancy, and generously taught me its technique, this was the method of testing the blood and cerebro-spinal fluid to find whether it was positive or negative in reaction, that is, whether or not syphilis still remained in the system.

Though only in her early thirties, Dr Muirhead was a distinguished pathologist who had already worked in the colonies and the U S A. A diminutive figure, her heart-shaped face, brilliant eyes and prematurely white hair gave her the piquant allure of a powdered page boy. Immensely hard-working and anxious to succeed in her career, she was just beginning to feel that there was no future for women in the higher posts, however gifted and hard-working they might be. Not long afterwards she succumbed to matrimony and this brilliant woman was lost forever to her speciality of pathology.

I decided while in Winifred Muirhead's laboratory to write my thesis for the M D degree on the Wassermann reaction in the blood and spinal fluid of G P I patients. With this in view, I speedily set my house in order, for the time was short. In those days, the ingredients required for the Wassermann test had to be prepared by individual pathologists, for there were no ready-made preparations such as exist today. The co-operation of the rabbit, the guinea pig and a man to tend them were essential, and it was useless to ask the chief for anything that cost money. A patient was therefore chosen by a nurse with half a century of experience, a gentle soul who loved his patients and was a fine judge of their potentialities. He recommended Willie Macdonald, a taciturn individual, but one who was proud to be chosen to be in charge of the laboratory animals.

'Leave it all to me, Doctor,' he said, with a purposeful air, and I did so. He quickly built a series of houses made from packing-cases and various unwanted materials which he found in the workshops and stores. He organised the supply of fodder with the gardeners and cooks, kept the animals clean and provided for an ever-growing population. He was perhaps unduly interested in guinea-pigs' matings. 'Och, I hae tae be awfu' careful aboot incest,' said Willie, for he began to notice slight abnormalities in the offspring. He knew their pedigrees and exact period of gestation and how many litters they had 'in the

twel-month'. It was Willie who suggested that since we had a surplus we might 'make some bawbees', and thus we became suppliers to pathologists all over Scotland, who were delighted to get crates of guinea-pigs at a shilling each. Willie arranged all these transactions and never once made a mistake in despatch or accounts.

It may be wondered whether Willie Macdonald was really insane, but in the eyes of the law he was undoubtedly certifiable and an intractable case. He had, however, learnt to keep his delusions to himself, nor did he betray the presence of the insistent though imaginary voices that he heard. Later, he began to work in the laboratory, and his new responsibilities helped to make him still happier and more companionable. Nevertheless, he realised that he needed the security provided for him, and that he could not stand up to the strains and temptations of the outside world, and so was happy to stay where he was.

*Keeping the doctorate sternly before me, I spent a whole day in Edinburgh a year later being examined in general medicine at the Royal Infirmary and in psychiatry at the Royal Mental Hospital and was told unofficially in the evening that I had passed. The physician on duty, a friendly New Zealander, invited me to dinner with the medical staff and advised me to hurry on afterwards to the Lyceum Theatre to see 'a Russian dancer with the most beautiful insteps' who was making her first appearance in Edinburgh and so I saw that night in November, 1911, the miracle of Anna Pavlova. I had never imagined that operatic dance technique could reach such perfection, and that to it could be added comedy, tragedy and beauty of the rarest. Reams have been written about the art of Pavlova, but her supremacy cannot be explained or described any more than the voices of Melba and Chaliapin. I was to see her dancing countless times during the next twenty years and she astonished me on every occasion as much as on that first enchanted evening. I found it impossible to carry in my mind's eye her amazing grace and virtuosity. She was ideally formed for the dance and its interpretation, for her lovely, dolorous mask and luminous eyes could subtly convey every shade of meaning, and the poise of her head upon her long supple neck was immutable. Her body was light as thistledown when she rose softly on her 'points' she appeared to be*

wasted as if airborne, and there was an effortless fluidity in all her movements. In addition, there was an intensity of concentration, an emotional power, a mystic quality which enthralled and moved her audiences.

I was to hear later on of some of the very conditions that had fostered the art of Pavlova. There were the years of education and careful training in St Petersburg, the strict discipline of life, the long tradition, the critical audiences, teachers such as Cecchetti choreographers in the grand manner, like Fokine and his ancestors, the protection of the reigning Czar, as well as the mystery of Holy Russia stretching far away across the steppe to the orient. There was, too, the sense of security possessed by the dancers, who were well-cared for, never overworked and who received an honourable pension when their powers declined. Heredity and environment also played a part, for numbers of the pupils were in the third and fourth generation of dancers.

None of this was known to me that first night, for I only saw the resulting perfection. I left the theatre under the spell of all this beauty and amazed that the art of the dance could reach such sublime heights. Never again would I hide the fact that I was a devotee of Terpsichore or deny myself the pleasure of movement to music.

This was my last evening's recreation for a long time, for I made up my mind in that faded theatre to do nothing but work for the next six months to get my thesis ready while the subject was new, and this often meant studying till the early hours. My chief told me I was working far too hard and reminded me that I was only the junior doctor and that neither he nor any of the others was yet an M.D., thereby hinting that it was out of place for me to be so ambitious. I listened, suppressed a chuckle and went on as before.

At last the cases were finished. And now came the presentation of this lengthy research which I named *The Wassermann Reaction in the Blood and Cerebro-spinal Fluid of one hundred cases of General Paralysis of the Insane*. The patients had been most co-operative and were always anxious to know if their blood counts were satisfactory and whether they had a positive or a negative Wassermann. Though they were certified as lunatics, most of them were able to follow the daily news,

to converse on general matters and to be interested in all that was going on around them.

The most difficult part that remained was the typing of this long dissertation, for I dared not suggest importing a typist. I simply asked for leave one afternoon to visit the nearest town, Falkirk. There I had the extraordinary luck to contact a most intelligent, aged gentleman who deciphered my script, and understood what was required, within a week this highly technical manuscript was ready. I rushed to Edinburgh with it just in time for the last appointed day, and in due course I was capped Doctor of Medicine with Honours.

The story of G P I is a far happier one today, for it claims comparatively few victims. This is partly due to the early diagnosis of the malady by the Wassermann reaction.

While I was a student, the bacillus, *spirochete pallida*, the cause of syphilis, was discovered by Schaudin. Many publications from all over the world, including my thesis in 1912, showed that a very high proportion of the cerebro-spinal fluids of G P I's were Wassermann-positive. In 1913, Noguchi, after painstaking search, found the *spirochete pallida* in the brain tissues and thus definitely proved it to be the cause of G P I. Treatment of syphilis in the early stages by malarial infection, which proved highly successful, was begun in Vienna in 1917 and in England five years later. Then in 1940 came the most important step, the successful treatment of primary syphilis by sulpha drugs and penicillin. This was begun all over the world, and should, in course of time, wipe out the after-effects of syphilis by effectively curing the primary infection.

Soon after having obtained my M D degree I began to think about my future, for so far I had lived in the present. I knew I could remain in my present post for the rest of my days, but I wanted to 'get on' and, looking back, it seems very much as if I had got all I wanted from Larbert. I decided to consult my chief, that unapproachable man, and his counsel was that I should remain where I was.

He praised my work but when I spoke of my prospects he told me categorically that women would never be promoted and said, 'It would be quite absurd for a woman to be Medical Superintendent.' I answered meekly that at the moment I had not that exalted post in

mind and that one step would be enough. He replied that if I were promoted there would be consternation in every asylum in the country and all the doctors would revolt. When I said that I did not agree with him he was so astonished that his docile pathologist should express a conflicting opinion that he turned on his heel and lumped away, not before he had signed imperiously to me to open the door for him.

I felt then that I must widen my outlook and try to obtain a post that would bring me medical prestige. Greatly daring but not even hoping, I applied for one of the four resident posts in the Royal Sick Children's Hospital, Edinburgh, which was a male preserve, and was amazed when I was appointed. I was not in the least dismayed at the prospect of its being an honorary appointment, the meagre sum which I had saved saw me through the next six months. It was a wrench to leave what had been my life and my home for three years and I bade farewell to my colleagues, vowing eternal friendship.



## The Royal Sick Children's Hospital

MY SIX MONTHS' appointment at the Royal Sick Children's Hospital, Edinburgh, passed like a flash. It was inspiring to be in the swim of the medical world, with distinguished surgeons and physicians attending the wards daily, accompanied by their enthusiastic assistants, who were likely to become the elect of the future.

The patients were boys and girls of under twelve years and their response to treatment was usually spectacular. In those days families were large and the children were less well fed and clad than they are today. There were no child welfare centres for advice regarding their diet, which was usually unsuitable as well as insufficient. There were no issues of orange juice or cod liver oil for children and their clothing was scanty and their feet were often bare.

Pneumonia, gastro-enteritis, rheumatic fever, osteomyelitis were commoner than today. Many children suffered from rickets and marasmus, diseases almost unknown today and largely due to lack of sunshine and suitable nourishment, they were often in a dying state when admitted, too late to respond to treatment. When they died, faded mothers, old before their time, usually brought with them the insurance certificate, for they paid weekly contributions for all their children in order that they might be buried decently. They invariably brought flowers, usually Mrs Simpkins carnations, the fragrance of which often brings to my mind these sad young mothers. Happily, the more cheerful sight of children who left the hospital rosy, fat and restored to health was a commoner one.

My chief, Dr Fowler, was an exceptionally careful physician and the

soul of gentleness, his assistant physician, Dr Charles McNeil, later became the first Professor of Child Life and Health at Edinburgh University and contributed a great deal to the setting of pædiatrics upon a sound basis

I attended Dr John Thomson's out-patient clinics, the first to be held for mentally-defective children, little could be done for these deprived children themselves but much for their bewildered mothers. They were instructed in the care and training of their children, encouraged to hope for improvement, and the doctor's very kindness and sympathy were at once a solace and an incentive. His helpful pamphlet, *Opening Doors*, although written more than half a century ago, is still used in many clinics. Mr Harold Stiles\* and his assistant Mr John Frazer† were the honorary surgeons, and I again felt the same lure of surgery as I had as a student, every minute that could be spared from the medical wards was spent in the operating theatre, listening and watching. This was the most deft surgery I had yet seen and I imbibed, though hardly realising it, much that was to help me later in the war years.

Mr Stiles trained his theatre sisters in a hard school and it was they who did the post-operative dressings and much of the splinting and plaster work. On a bad day the air was thick with biting sarcasm aimed at each one on the floor of the theatre, the sister went on with her work as if oblivious, but others, more vulnerable and less understanding, actually wept into the wash-basins. Mr Stiles, overworked and tired at the end of a strenuous morning, began to show the impediment in his speech, which was usually under control, and began to sigh his commands, this always impressed the mothers, who mistook the sob for uncontrolled sympathy and emotion instead of real fatigue.

My three resident colleagues were men and, though we rarely met except at meals, we were good companions, as the two who survive – Major-General 'Jock' Monro and Dr Gordon Hunter – would agree. They were all outstanding doctors and were greatly admired by the nursing staff.

The only bit of frivolity the nurses had during our six months was a fancy-dress dance. Not a single male was present but, to the chagrin of

\* Later Sir Harold Stiles.

† Later Sir John Frazer Bart.

invitation Having no fancy-dress I  
which fitted  
easily, and, with the  
him-strap, I  
was a success, and was outshone only by the  
ing theatre  
nurse, Miss Herald, who made an exquisite Cupid.

Many distinguished visitors came to see Mr Stiles operating. Among them was Dr Charles Mayo, of Rochester, New York. He and his brother, William, ran the Mayo Clinic, which was already world-famous. One morning my colleague, 'Jock' Monro, came bounding into the common-room and said, 'Dr Mayo wants you for his clinic.' I laughed and replied, 'Get away with your nonsense.' But presently, the great man himself appeared and, without further ado, offered me a post on his staff, quickly defined the work he had in mind for me and told me the exact financial position. He asked me to think it over and said he had never till now asked a British man or woman to join his staff. I could hardly believe that I was not dreaming and went about in a daze for a few days, for the Mayo Clinic was a Mecca for every doctor and I was overwhelmed at the prospect before me. I was still considering the matter when, out of the blue, Dr G. M. Robertson offered me the post of physician in charge of the women's side of the Royal Mental Hospital, Morningside, a position that had never been held by a woman. I now had to think seriously of what was to be my life's work and I struggled between these two so widely different propositions, the lure of working at the Mayo Clinic was strong and the added  
a      the U.S.A. was almost irresistible

over that psychiatry seemed to  
Robertson's  
offer. I was fully aware  
with  
this distinguished psychiatrist at a mental  
dical  
renown and with a humanitarian tradition going back a hundred  
years.

### *Morningside*

I walked across from the Children's Hospital in Sciennes to the Morningside district of Edinburgh to take up my duties at the Royal Mental Hospital. The building was about a hundred years old but had

been modernised, and wide verandas, where selected cases could be nursed under sanatorium conditions, had recently been added

Sir Thomas Clouston had preceded my chief and his personality could still be felt in the house, where there was an all-pervading atmosphere of friendliness. His watchword had been compassion and he took a very special interest in each of his patients. He was greatly concerned about their rehabilitation and their employment after recovery, for he knew how they suffered from the stigma of having been in an asylum. He gave a lead by employing them himself to an extent that has never been exceeded, and several of the staff were ex-patients. His own private secretary, Miss R., had been a patient and I saw how competent she was, how wise and understanding.

The laundry superintendent, too, had been a patient in her youth and now in her sixties had managed her department for many years. In her early days at the asylum, she had fallen in love with a charming young Irishman, and while she recovered, he remained a patient. Nevertheless, he worked in the medical office, helping the doctors with legal matters and tactfully correcting their mistakes. His knowledge was prodigious, his behaviour impeccable, for he had come to terms with his difficulties. Mr G. and Miss MacC. remained the most faithful of friends throughout the years, and on her off-duty days and holidays they went off together like an old married couple, for he was on permanent parole. Whether they were married no one ever inquired but they had the sympathy and respect of everyone. When Mr G. succumbed to an acute pneumonia, poor Miss MacC., greatly grieving, soon afterwards fell into a decline and died of what might well be diagnosed as a broken heart.

Several other patients who were unable to face the strain of everyday life in the outside world were employed on various regular duties. One of these was Mr N., who daily took the many legal documents to the magistrates and did so discreetly, efficiently and with dignity. He was useful to me, for he did my shopping, paid my bills and delivered my notes. One day he approached me with an unusually stern expression and in his most precise manner said

'Forgive me, Doctor but I feel I must tell you that I think it most undignified for a lady of your station to pay bills in cash, I shall have to

consider seriously whether I shall continue to do so I gather that you receive your salary each month in a buff-coloured envelope and stuff it in your handbag or leave it lying about on your desk. You are highly qualified and hold an important post in a first-class mental hospital and and the sooner you avail yourself of a bank account and a cheque-book the better, I shall, if you so wish, arrange the matter for you myself'

It was thus that I came to possess my first cheque-book and Mr N became as proud of me as a parent. He was a chronic mental case but he went about his business in legal circles without anyone suspecting that he was a certified lunatic. He knew well how much he needed the security of hospital life to keep him on an even keel, and he remained a willing patient.

The Royal Mental Hospital was not run for gain and the surplus income went into a fund for its further development. The patients were supported by their home parishes, but about one quarter were private patients, gentlefolk of small means, paying about £50 a year, and there were also a Samaritan fund for such patients as had no means.

I found the patients at Morningside more interesting than any I had yet met, probably because I came to know them better, sitting on their beds for long hours and letting them talk. I gradually began to learn the art of getting *en rapport* with them and thus helping them towards recovery. Among them were intelligent and charming people who had overworked or suffered overstrain and for one reason or another had become temporarily insane. They were far more rewarding than patients with little intellectual capacity, and co-operated intelligently in the treatment.

I was fortunate in my opposite number, Dr Henry Yellowlees, who was in charge of the men. He was a Glasgow graduate of the same vintage as myself but far more knowledgeable, having been brought up since childhood to make friends with the patients in his father's mental hospital. Henry was a born psychiatrist like his distinguished father, and today still with not a grey hair in his head, he is keeping up the family tradition. A man of infinite vitality, bursting with high spirits, outspoken and resilient, I could not have had a better colleague if only because I always knew where I stood with him. During the

three years that we worked together, living cheek by jowl, meeting at every meal, we remained good friends

We always had relays of final-year students as clinical assistants and they kept us up to date, helping us (or more often hindering us) they led us, who should have known better, into many a midnight prank. There were bicycle races in the long corridors, and impromptu concerts – often repeated the following evening to amuse the patients. There were 'Stoutie', 'Tiny', 'Mac', 'Len' and many more who kept the house young and gay, for we doctors were often overworked and anxious, and needed relaxation. Such harmless jollifications would never have been tolerated by the chief at Larbert, nor would the joyful serenading by the medical staff of our own chief on special occasions.

I was now observing the patients at all hours of the day and night and in all their changing phases. Most of them arrived in a poor state physically, the melancholics undernourished and emaciated, as they had been refusing food for a long time. Some had to be artificially fed and they soon became accustomed to this method of keeping them alive until they were able to enjoy food once more.

The patients needed careful nursing and feeding, prolonged rest in bed in the open air and, above all, constant observation because of the risk of suicide, to which melancholics are prone. The manic patients, with their ceaseless over-activity, responded equally to good nursing and were not allowed to tire themselves out by working off their restlessness.

We had at our disposal no such methods as insulin or shock treatment and electropexy, which in many cases hasten recovery. Nevertheless, lacking these aids, the majority of the patients recovered, though more slowly, and it was fascinating to see them gradually improve in bodily and mental health in a period of a few months to a year. Indeed, in the melancholic cases, as well as the acutely excited, the illness resembles a fever which has to run its course, and afterwards the patient returns to complete normality without a trace of deterioration of his mental faculties. The root cause of most varieties of mental disorder is still a mystery, but may well be in the nature of a chemical imbalance, affecting the sympathetic and ductless gland systems and, if this is so, the treatment will consist in restoring the balance, which

will be scientifically controlled in the laboratory

Dr Yellowlees received the men and the women when they arrived accompanied by their trembling relatives, who were always relieved when they saw that we were far from formidable. They had brought their relatives most reluctantly, for they still had fantastic ideas about mental illness and its treatment. When a person has become insane, friends whisper of his sad fate and are convinced that he would be better dead. When he recovers, they feel sure that there has been a sad mistake in diagnosis and that he 'has only suffered from a nervous breakdown.'

Nor do they believe that if perchance the patient is able to leave the hospital, he will ever be the same again. The majority suffer only one attack in the course of their lives, others may have two or more, remaining normal in the intervals. Some would be able to ward off recurrent attacks if they could lead carefree lives and pay regular visits to a psychiatrist. A few patients may not recover completely and may become more or less chronic and, though they may be able to enjoy living at home and doing light work, they may be unable to join fully in the day-to-day struggle of life. After all, there is scarcely a malady which does not leave a certain number in a semi-invalid state.

There is a widespread but erroneous belief that insanity is an inherited disease and if it becomes known that one member of a family has suffered thus, people shake their heads over his relatives' smallest indiscretions. Families therefore closely guard their secret of mental illness, but often have a lurking fear that they too may one day become affected. Heredity cannot be completely ruled out in the incidence of insanity but in a high proportion of mental illness it is found that there is a flawless family history.

The whole atmosphere of Morningside was hopeful and this had a beneficial effect upon the patients. This spirit had grown over a period of a hundred years of service to the insane and I vowed that if ever I should have a hospital of my own I would try to foster in it a like spirit. Though we were given complete responsibility for our patients, the chief often darted into the hospital unannounced and soon we were racing through the wards breathlessly recounting the salient points in the new cases. His exuberance, his flashing smile, his very presence had

a beneficent effect upon the patients, for the impact of the personality plays an important part in the treatment of mental illness

He trusted his medical staff absolutely for, having personally chosen us, he expected a very high standard, though he did not say so in so many words. He was pleased when we showed initiative and encouraged us to undertake new or experimental work, he well knew how to keep us busily employed and was forever sending for memoranda requiring preparation at top speed, thus keeping us constantly on our toes

We briefed our chief for court cases, which were mostly connected with the legality of wills, for it is a fact that certified patients in mental hospitals can make wills that are perfectly valid in a court of law, if it can be medically stated that they are of 'sound disposing mind'

We also chose the cases for demonstration to medical students, lectured to the nurses and were available to patients day and night, and to their relatives whenever they wished to see us. We rarely left the hospital, though we were free to do so at our pleasure and there was always tennis, hockey, cricket, golf and curling in the beautiful grounds, so secluded yet within the town of Edinburgh

I now knew something about the phases of acute mental illness, during which the patients were cared for by relays of nurses and sisters for during this period the treatment was concentrated upon the physical condition, when convalescent and therefore accessible, psychotherapy was begun. Though this treatment had in a manner always been given it could now be applied with far more knowledge and understanding. The reason for this was that we were beginning to be acquainted with the writings of Freud and Jung, little read as yet by British psychiatrists

We had never been taught normal psychology, let alone its pathology and what we now read made us feel that we had previously known nothing about mental processes. We began through this new approach to acquire a more precise understanding of psychotherapy and a greater insight into the minds of our patients. We became enthusiastic and anxious to impart what we had learnt to others, but many psychiatrists were deeply suspicious of Freud and frankly disgusted by his teachings - not so our chief



When, in 1914, a series of three lectures were given to members of the Scottish Branch of the Medico-Psychological Association by Dr Stoddart, many of the senior psychiatrists heard about Freud's researches for the first time and could hardly believe their ears

One learned doctor stumped out during the first lecture and many were heard to bark 'Utter rubbish', 'Preposterous', 'Filthy', 'Vile', 'Nothing but sex', which greatly amused us and exposed their ignorance of contemporary medical literature

Our chief was greatly interested and began to pick our brains in the light of this 'new psychology of Freud and Jung' and immediately introduced it into his lectures. He was no pompous pundit and was delighted to be instructed, but he soon outstripped us in the practical application of this new knowledge

He broke new ground by instituting weekly open clinical meetings which the local general practitioners and others were free to attend. The chief was invariably present, but we were responsible for the choosing and presentation of the cases and for opening the discussion, all of which was excellent training. The main object was to interest doctors in mental disorders and encourage them to send patients to us at an early stage of their illness. Those who learned most at these clinics were the doctors who demonstrated the cases, for it necessitated the reading of contemporary medical literature

At this time I did book reviews for the medical journals and blush to think of the criticisms I levied at the international experts when they did not accord with what I had been taught. I had not yet visited the continental schools, and my opinions were therefore narrow

The chief seemed to rely more and more upon the help of women for the care of the insane and, as all the men were nursed by women, there was only a handful of male nurses. This was greatly criticised 'Just imagine, female nursing on the male side and women doctors lauded up to the skies, whatever next!' said other senior psychiatrists. Many laughed or jeered according to their susceptibilities and said, 'George Robertson will soon replace his don-bots with gals'n'kils!' We laughed at these critics, voted them old die-hards, and hoped that more medical superintendents would copy our chief's reforms, most of them, however, showed not the least inclination to do so

Miss Sarah Hearder was matron on the women's side, and I learnt much out of her long experience of the mentally ill. She had the perfect natural approach to patients for, like Henry Yellowlees, from her earliest years she had moved among them in her father's mental hospital. She was a woman of infinite patience, gentleness and sympathy, and was beloved by the patients, who invariably became her friends.

Miss Hearder knew how to choose the right nurse for the individual patient, for the mental nurse, by her own personal contact as well as by her training, can do much to hasten recovery.

There had been no padded rooms or restraint of any kind in our hospital, nor indeed throughout Scotland, for over half a century, though today there are still mental hospitals in England where it is believed that they have their uses. It is argued that in such rooms the noisy patient cannot be heard, cannot hurt himself, can be observed without being able to see out of his grim rubber-lined cell. It is surely obvious that this abnormal environment can never have a beneficial effect on any patient. The worst feature, however, of restraint and seclusion is that nurses are thereby released from responsibility and, human nature being what it is, a patient will always be found to occupy such accommodation if it is available.

Life in a mental hospital should be as normal as possible in every way. Patients should dress in the fashion of the day, for the delusional cases, if left to their own devices, will wish to dress for the part they are playing in their fantasy-life and this fosters and encourages their false beliefs. Their fellow-patients greatly object if one of their number dresses thus, for fantastic dressing-up reflects upon their own state and environment.

During the fateful year of 1914 I was so deeply engrossed in the affairs of the hospital that I never gave a thought to the future, for I felt that I could safely leave my promotion to my chief. My work filled my life, my colleagues were my friends and all the resources of Edinburgh were on our door-step, visitors, students and consultants came and went and I could not have had a more congenial post. But this elysium was not to last, though we did not realise it even when we read of the assassination of the Archduke Franz Ferdinand in far-off Sarajevo. Then

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swiftly, like a thief in the night, 4 August dawned and Britain was at war

The many ex-servicemen on our staff were called up forthwith, as were also some of the assistant matrons. The student clinical assistants began to consider whether they should continue their studies or volunteer for active service, for everyone, including the military experts, said that the war would be over by Christmas, 1914. My mentor and financial adviser, Mr N, did not agree and said, 'Doctor, you should urge these young men to continue their medical studies, for there will be plenty of time for them to volunteer after they become doctors, I foresee that this will be a serious struggle which will last for three long years.' In the course of a few months this forecast seemed to be less absurd than we had thought at the time.

We were plunged into manœuvres whereby the fine recently-built mental hospital of Bangour village could be emptied to become a surgical hospital, while we transferred our chronic cases to county asylums and received the acute cases from Bangour and elsewhere.

It was interesting to observe the reactions of our patients during the first six months of the war and I wrote a paper, *War and Psychiatry*, which was published in the *Edinburgh Medical Journal* probably the first paper on the effects of war upon the insane. Many others were to appear in the years that followed dealing with a far more important aspect, namely, the effects of war upon serving soldiers, of this subject psychiatrists and others at that time were completely ignorant.

Our patients began to knit for the Red Cross, to sing the new war songs, and to take a lively interest in the current news. All the general-trained nurses had now volunteered and were replaced by retired sisters, who were glad to be able to help in the war effort. Dr Yellowlees very soon volunteered, and I was left in charge of both men and women.

All too soon we began to scan the list of casualties in the *Scotsman* which, in the first few terrible months, was doleful reading. The months dragged on, work was never-ending, but there was little time for intensive treatment, less for laboratory work, and though the demonstrations to medical students continued, scientific work and study were at a standstill.

I, too, wished to volunteer for service oversea and had many a talk with my chief about this. For a time he was able to persuade me that I could not possibly be spared, he realised, however, that I should eventually go and, as soon as he consented to consider the temporary wartime medical staffing of the hospital, I offered my services to the Scottish Women's Hospitals. My chief sent me to see the Chairman of the Board, who had been primed to lecture me on the theme of my indispensability, but I assured him that retired men and women would gladly hold the fort while we younger ones were on war service, and such indeed was the case.

Wars fall very heavily upon mothers, and mine was one of the many who suffered. My two elder brothers were already in France and my youngest was only waiting till he was old enough to volunteer, while I hoped to go to Serbia, that typhus-ridden, primitive country. My poor mother was greatly relieved when, in fact, I was posted to France, though she was to endure several anxious years before we were all home again. All four of us were to survive the first war and three of us to take part in the second, in which we were not to be so fortunate. All this, however, was hidden from our bright gaze, for we were young and hopeful and thought that we were helping to make those who came after us secure from war for evermore.

My ideals were not all upon such a high plane, for there was also the lure of adventure and of experience in the surgery of war and in medicine in different lands and climates. My colleagues teased me unmercifully about joining an all-feminine staff and prophesied that we should soon be quarrelling like Kilkenny cats.

The patients were very excited about their doctor 'going to the war' and an avalanche of mittens, mufflers and Balacava helmets descended upon me. They bade me affectionate farewells, begged me to write and to see to it that the war was soon won. Like many another, I was glad to be going abroad, for thereby a problem of my own would be solved. I was in love and was taking it far too seriously and since I confided in no one, it was fast becoming something of a 'solitary hidden anguish'.

Marriage was not part of my plan and I was 'more wedded to my profession', teased my brothers, 'than a nun to her vows'. Marriage and

medicine did not mix in those days, for a wedding-ring led to the graveyard of a medical woman's ambitions and the alternative of casting one's bonnet over the windmill brought even more deadly penalties. It all seems quite ridiculous today, when women may marry and retain their posts, to the advantage of themselves and their patients, but then it meant instant resignation.

This experience changed my outlook on life, making me tolerant where I had been censorious, for I had formerly but scant sympathy with those who strayed from the narrow moral path or even with poor young moon-struck lovers. I had been much in need of a lesson and it was not lacking in severity. This romantic and too-enduring phantom of love was hidden in my secret heart and remained there far too long. My most lasting memory of those bitter-sweet days is a deep slumbrous voice which I can still hear in my mind.

One sunny morning in August, 1915, I donned my uniform, did my morning round of the hospital, said farewell to my nearest and dearest on the telephone and set out with something like exhilaration to join the Scottish Women's Hospitals serving with our allies, the French, on the Western Front.

## CHAPTER FOURTEEN

# The War to End Wars

MANY MUST STILL REMEMBER the Scottish Women's Hospitals organisation and its revered founder, Dr Elsie Inglis, who at the beginning of the First World War brought into being war hospitals completely staffed by women long before the Women's Naval, Army or Air Force Services were even conceived. She had a genius for leadership and was the moving spirit in the Scottish Federation of Women's Suffrage Societies. Imbued with rare vision, she realised at the outbreak of the war that the body of women within the federation should temporarily abandon the struggle for the vote and devote themselves, in any way within their scope, to the service of their country. The federation had committees in every town and village in Scotland, so the structure was already there and the staff was available. Money began to come in, at first from Scotland but eventually from all over the world, for the unique and courageous effort of the Scottish Women's Hospitals captured the popular imagination.

Within two weeks of the outbreak of war, the first hospital, fully equipped and staffed, was offered to the War Office but was declined categorically. Similar offers were, however, eagerly accepted by our allies, Belgium, France and Russia, and before Christmas, 1914, the first unit was on its way to Serbia.

An important organisation developed, which managed and financed, from modest offices in St Andrew Square, large hospitals in France, Serbia, Russia and Corsica. There was no difficulty in staffing the hospitals, for doctors, nurses and V A D s immediately volunteered and soon our sober uniforms of hoddie grey and Gordon tartan became



familiar. In those early days the nurses wore little tartan bonnets with strings, which earned them the title of the 'Scottish Widows' or waggishly, the 'Skittish Widows'. Throughout the years the uniforms remained the same though the ankle-length skirts were abbreviated and the bonnets were replaced by slouch hats or Serbian forage caps.

The Girton and Newnham unit to which I was posted was situated on the outskirts of the ancient town of Troyes, then the medical centre for the French casualties in Champagne. It was a rude shock to the patients when they found themselves housed in tents, where they felt they were risking their lives in a constant *courant d'air*. Soon, however, they began to enjoy the open-air life, to discourse upon its benefits and to extol the virtues and the skill of *les braves dames écossaises*. The cases were mostly medical and I was fortunate in being able to glean from my French colleagues the special pathological work required for, in the meantime, the laboratory was to be my special department. But I was soon to find that in wartime doctors must turn their hands to whatever is required, whether it is surgery, carpentry, sanitation or scavenging.

The senior physician, Dr Laura Sandeman, seemed, at first sight, a little intimidatng for, scorning uniform, she wore her habitual garb of severe coat and skirt, starched collar and mannish tie, and her grey hair was brushed severely back and braided in a tight coil, but her stern face could light up, her brown eyes twinkle, and it was soon clear that she was thoroughly modern, full of fun and most human. Miss Louise McIlroy\*, the surgical chief, was the doyenne of the medical women in Glasgow, but her soft voice, her beauty and charm clearly proclaimed that she was Irish.

Mrs Harley, our administrator, was the widow of an army colonel and the sister of Mrs Despard and of General French, at that time Commander-in-Chief of the British Forces in France. She was a stickler for military etiquette and correct uniform and was a picturesque and courageous lady. Many of the indulgences which we received were on account of *chère Madame Arley, la soeur du Maréchal French*.

Miss Edith Stoney, our radiologist, was a learned scientist, no longer young, and a mere wraith of a woman, but her physical endurance

\* Later Dame Louise McIlroy

seemed to be infinite; she could carry heavy loads of equipment, repair electric wires sitting astride ridge-tents in a howling gale, and work tirelessly on an almost starvation diet. It was curious how many of the small and slight blithely weathered the campaign, while some of the robust and muscular lost their health and a few their lives as a result of the strenuous conditions.

It was not long before we realised something of what the people of France were enduring, for we saw village after village in the valley of the Marne utterly destroyed by the Germans, its inhabitants forced to live in cellars and the crypts of churches. Children were being born in such hide-outs and were taken up for an airing during periods of comparative safety, and they not only lived but thrived. The French authorities, always realistic, granted frequent short periods of leave to their troops, for '*il faut des enfants pour finir la guerre*', and so there were many happy reunions, with fruitful consequences.

In September we were ordered to evacuate the hospital and it was rumoured that we were bound for either Bizerta or the Island of Rhodes or for Alexandretta. We were granted forty-eight hours' leave and I rushed off to see my favourite brother, Hamush, who had written from the Somme front, 'I know you'll find a way to see me before you leave France.' Making straight for Amiens, I found myself in another world, for here were khaki, the kilt and my own countrymen.

I was discouraged by my first encounter, Professor Alexis Thomson, who said, 'There's not a hope of seeing that hefty brother of yours even if he were *in articulo mortis*.' Fortunately, the military policeman was more hopeful and detailed a kilted Scot as guide, undaunted by rebuffs, he at last found the right official who barked a few words into the telephone and, as a result, Hamush appeared that evening, amazed that he had got twenty-four hours' leave and that his sister was waiting for him at the Hôtel du Rhin.

We were devoted to each other, though rarely did a word of endearment pass between us and how proud I was to walk with my handsome young brother, my arm firmly linked in his, for which he sternly reproved me. We sat for a while in the cathedral, its altars blazing with candles round which sad-eyed citizens clustered. Then

we joined a band of young officers, known and unknown, for luncheon, and laughed hilariously at anything or nothing, for everything was fun and everybody a joke. I laughed with them all, but my heart melted within me, for I well knew that the casualties among first and second lieutenants were appallingly high and their span of life was often only a matter of weeks. Behind the smiles and the fun I saw that they were fatigued, and in a few there were certain symptoms of nervous exhaustion which possibly none but a trained observer could recognise. It seemed futile to dwell upon this, for there was nothing to be done but to keep smiling and to stifle the very suspicion of gloom and anxiety.

How macabre it seemed that those keen young officers, who had never thought of hurting a fly, should suddenly hurl themselves into an orgy of killing. It all seemed unreal, fantastic, and to belong to a by-gone age. How wonderful that they could steel themselves to live in a mud-soaked trench and yet keep normal under the strain of such a prolonged exercise of courage, how fearful to wait tensely for the 'zero hour', the order to go 'over the top' and grapple with a foe that they neither knew nor hated. There seemed to be not an atom of sport in it all or a trace of glamour and little or no skill, but only endless waiting with its consequent severe nervous strain.

During the First World War there were many cases of 'shell shock', some of them the result of actual concussion due to the explosion of shells, but many more the result of the intolerable strain of trench warfare. Mercifully, there were fewer such cases in the Second World War. This was partly due to the less fatiguing nature of the campaign but also to the better training for the realities of war, in which the practical advice of psychiatrists was a most important factor. The condition of those suffering from combat-exhaustion was better understood and therefore more promptly and skilfully treated.

I had never before given much thought to the actual details of warfare, so different from the colourful and spirited battle pictures familiar in art and literature. The horror of it swept over me suddenly and it became almost unbearable to think that these young heroes, among them my own brothers, should thus voluntarily sacrifice their health and lives for the rest of us.

Soon Hamish's twenty-four hours' leave was over and he was heading for the Somme front and I for Troyes. As I left the British zone I could not help dwelling bitterly upon the refusal of the Scottish Women's offer to succour their own kinsmen. In Paris I had to fight my way to the Troyes train through a struggling mass of humanity, for French troops were leaving for the Marne front. Frantic, swooning girls were being dragged from the embraces of young soldiers and sobbing women clung to bearded *poilus*. Meanwhile, the absurd little departure horn tooted in vain.

The impact of this mass emotion blotted out my gloomy forebodings about those I had just left, for here were Frenchmen young and old setting out to fight upon their own soil. '*C'est la guerre*,' murmured wives and mothers, bowing sadly to the inevitable. Henceforth there would be no more regrets on my part, for we were pledged to these, our brave French allies, and bound to them with even stronger ties, those of the '*Auld Alliance*' which firmly linked together the Scots and the French.

This was the 'war to end wars' yet today the talk is all of wars to come. Lately I was again in Amiens cathedral, where there is a plaque commemorating '600 00 allies who perished in France' and another to 'the New Zealand troops, who died on the Somme and for the deliverance of this town of Amiens in the First World War'. A memorial service was in progress during which the priest spoke of *le sacrifice de ce jeune Lieutenant Leclerc*, who had lately died in Korea. Would these sacrifices never cease? They were still being made and to what end?

On our return from leave we had orders to set up the hospital again. So we hastily fell to unpacking the huge bales and pitching the tents so as to be ready for the wounded when they arrived. Many were walking cases *les petits blessés* shuffling along in their blood-caked garments. Some still wore the romantic uniforms dating back to the Franco-

Prussian war, long blue surcoats, the corners buttoned back to expose bright red trousers, making them targets for the enemy, others sported the new *bleu horizon*, inconspicuous in the French countryside. How short, slight and badly-equipped were these youthful troops, but they were brave fellows and excellent patients. Were those the descendants of Napoleon's *petits maries* who fought so bravely for him?

A few weeks later we were ordered to evacuate the hospital and pack up. 'A la guerre comme à la guerre,' said our patients with a philosophical shrug, nevertheless, there were grumbings as we again packed up the great tents and equipment and slept on the bales ready for marching orders. The weather was glorious, with a clear blue sky, a nip in the air and the trees in brilliant autumnal tints when, late on a sunny afternoon in mid-October, we filed through the hospital gates, looking back a trifle wistfully at the desolate remains of our first camp.

We tramped along the dusty road to the station, where General de Torcy bade us a graceful farewell but could tell us nothing of our future destination. At dawn on the third day we arrived at Marseilles and found a glittering deputation waiting to greet us, headed by the Chief Liaison Officer, the Marquis de Beauvoir. He said that he had the honour of being responsible for our welfare, and for five days *les braves dames écossaises* were royally entertained.

It now seemed certain that we were going to Salonika but why, no one knew, the military authorities could not answer our queries regarding climate or general conditions, nor did they know if there were roads fit for motor traffic.

We visited several of the large hospitals in Marseilles, where the buildings were old-fashioned but the surgical and medical work was of a high standard. The nursing was done by nuns helped by *infirmières*, among them the Marquise de Beauvoir, a lively lady of seventy-three, and what these volunteers lacked in technique they made up for in devotion. The hospitals were filled with gravely-wounded men and there were many amputation cases, perhaps too many, though there was always the grave danger of sepsis and gangrene to consider. In the Second World War penicillin and the sulpha drugs were to lessen considerably the mortality rate from sepsis and to save many a precious limb. There were numbers of severe head wounds, some of them

causing blindness, but the growing use of tin helmets was said to be making for fewer of these terrible mutilations

There were Indian troops in Marseilles and it was a revelation to see the perfection of their camps. Their tents, made in their own country which had a long experience of camp life, were ideal, being warm in cold weather and cool in hot. Henceforth these 'E P I P' tents were used in the Scottish Women's Hospitals and were found to be comfortable and capable of standing up to severe climatic conditions

On a sunny afternoon we embarked with our equipment and automobiles on the *Messag ries Maritimes Mossoul* and were surprised to see munitions in the hold and hundreds of French troops aboard. We now knew officially that we belonged to the *Corps Exp ditionnaire d'Orient* and were bound for Salonika

The *poilus* were cheerful and sang all day long, the days were sunny and calm, the nights brightly moonlit and it seemed almost like a pleasure cruise. On the fifth day we arrived at Malta and visited the fine hospitals filled with sick and wounded from the Dardanelles. The next morning we set off, escorted by a French destroyer, and a terrific storm blew up, continuing for three days, great blue waves, aquamarine at the tip, coming over the ship, which was perilously low in the water. There was no boat-drill, few life-belts and the boats could not have coped with a tenth of the passengers, but no disaster overtook us.

On the tenth day we berthed at the Pir us and the Serbian Minister in Athens informed us that the situation in his country was perilous, that the Germans and Bulgarians were advancing, but that the Serbs still hoped that British troops would come to their aid. We were astonished at this news and began to wonder still more why the *Corps Exp ditionnaire d'Orient*, of which we were a part, was being sent to Salonika.

The following morning we reached the island of Lemnos, anchoring in Mudros Bay, where a party of engineers left our ship to begin the sinking of wells, for so far all the drinking-water had to be brought in barrels from Alexandria. Camps were being built by Turkish prisoners but living conditions were still primitive. The sun was blazing, everything was black with buzzing flies and the wounded and sick, mostly Australians and New Zealanders, gaunt wrecks of men, were pouring

in from the Dardanelles. There were no nursing sisters while, ironically, the *Mauretania* was alongside with eighty sisters aboard, furious because they had nothing to do and were not allowed to disembark. We who had landed in Lemnos were obliged to return to the *Mossoul* without being able to help in a situation so tragic that it cast a gloom over us all.

Next morning we set out for Salonika and heard *en route* that the *Marquette* had been torpedoed nearby with the loss of several New Zealand sisters while we, loaded down with ammunition and troops, proceeded slowly and safely to our destination.

## CHAPTER FIFTEEN

# To Salonika

WE ENTERED THE VAST HARBOUR of Salonika on 3 November 1915, as the soft grey night was turning to the luminous pink of dawn. A thin billow of translucent mist hung across the town and above it rose slender white minarets proclaiming that this was really a Turkish town that had only belonged to Greece since 1912. Salonika was veiling its features in true Eastern fashion as with a yashmak, but soon the sun flashed out to disclose a mass of little houses clambering up the steep hill to the city walls and the fort at its summit. The buildings were pink, blue or yellow and made a colourful background to the snow-white minarets and their companions, the tall, dark cypress trees.

The view from afar was alluring, the reality less so, yet fascinating because of its vivid, colourful street life. Venizelos Street, the narrow principal artery, and the embankment following the wide sweep of the bay were full of a noisy stream of Greek soldiers, for the army was in process of mobilisation, the soldiers seemed excited and ill tempered as they roughly elbowed their way through the crowds. They led droves of donkeys, mules and mountain ponies laden with packs which scattered the population right and left. There were many slow-moving bullock wagons, the great horns of the beasts getting perilously in the way of the pedestrian, and shabby victorias filled to overflowing, driven by red-fezzed Turks who lashed their mangy nags as they shouted raucously. The automobiles brought by the French Expeditionary Force were the first the Macedonians had ever seen and they fled from them in terror.



Extract from my diary of 5 November 1915

'There are said to be thirty thousand Turks (our enemy) in Salonika and thousands of unfriendly Greeks. Everybody is wondering whether the Greeks will come into the war, will it be for or against us? This evening I cropped the heads of nearly all the unit, starting with my own, shearing off my foolish waist-long hair. One by one the sisters came up for "excucunon", carried out in the cause of hygiene, and soon I had a team of assistants chopping off the stray chunks that stuck out conically.'

Our destination was now definitely Ghevgheli, a Serbian frontier town in the Vardar valley, some fifty miles north of Salonika. Three French divisions had gone up to Krivolak and Stumitzza a week earlier, to help the Serbians stem the onrushing tide of Bulgarians and Austrians. The Tenth British Division under General Bryan Mahon went up along with us to Ghevgheli, the men seemed cheerful and regaled us with the thick sweet tea which the British soldier can produce anywhere at any time. They had come straight from the Dardanelles, attired as they were on leaving the peninsula, in cotton shorts and shirts.

We packed into railway compartments with broken windows but were soon asleep and arrived at dawn in Ghevgheli. There were shouts in unknown tongues, trucks bumping, horses neighing and, above the din, an authoritative voice shouting 'loosen the ltimbers', and we knew that the Tenth Division was ready to march. As we left the train they were disappearing down the road towards Lake Doiran.

How strange are the fortunes of war! Here was a Scottish Women's Hospital attached to the French Expeditionary Force, while side by side with us were the men of a British division without a hospital. Here I was myself, along with many others who had vowed to their parents that they would not volunteer for Serbia, that typhus-ridden country, and yet found ourselves there by the fortunes of war.

Ghevgheli was crowded with Greek soldiery and there were many Serbian reservists none of them in uniform but in their own brown homespun suits braided in black *soutache*, *op mke* (sandals), sheepskin caps, and with rifles slung over their shoulders. How strange they

looked marching in ranks, wearing fancy stockings with knitted tops of red roses and yellow trees, or pink roses and blue forget-me-nots

There was no provision for the Serbian wounded except at the military barracks, where conditions were grim. Wounded and dysenteric patients were huddled together on the floor on straw, unwashed and in their uniforms, which were blood-soaked and foul with excrement. The surgeons operated by the light of thin tallow candles and without anaesthetics, the suffering was past telling and was only equalled by the boundless courage of the patients.

This terrible spectacle was an added spur to us to establish the hospital with all speed, and the work was begun that morning on a level piece of ground attached to a silkworm factory. This building consisted of three enormous superimposed barns, approached by a central ladder-like stair. On the ground floor were lodged the X-ray plant, the laboratory and the dispensary, and on the first, the bales of equipment between which the senior staff slept. The attic was occupied by thirty members of the unit and here the windows were replaced by wooden shutters which, when closed, excluded the light, and when open, let in the biting wind. The building was entirely unwarmed but it was lit from top to bottom on that first evening by the intrepid Miss Stoney, who had been clambering about on the rafters all day like a sailor in the rigging, and had finished the job by dusk. We had our meals in the open and the cooking was done on nearby trench fires, over which our V.A.D.s their cotton skirts swirling round them, merrily stirred the soups and 'bully' stews with which we and our patients were unfailingly regaled.

The wards were the large tents which we had brought from Troyes and there was a tragic delay in pitching them, for the Greeks had stolen the tent poles, excellent substitutes were the tall tree-trunks provided as if by magic by the French engineers, and we were quickly in working order.

There were disquieting rumours, but everyone hoped that the situation would improve now that French and British reinforcements had arrived upon the scene. Our *Médecin-Chef* (Dr McIlroy) and *Madame la Directrice* (Mrs Harley) decided therefore to go on steadily improving the amenities of the hospital. The doctors and

sisters, in the intervals of medical work, built stone incinerators, trenched the tents, dug paths and latrines and unpacked stores and equipment

There were many severe head wounds, for there was no cover in that bare hill country, and many of these casualties occurred among the tall Senegalese troops. They complained bitterly of the cold, '*Ya froid*,' '*Ya pas bon*,' they whimpered in their baby halting French, '*Ya mal*,' as they hobbled in on frost-bitten feet, and the little Tonkinoise troops fared even worse.

Ghevgeli became less crowded, for the Serbian inhabitants departed down the line, abandoning their houses and possessions. The Macedonian element remained calm and static for they did not mind what happened, the shopkeepers made as much money as they could, knowing full well that they would make as much from the enemy. '*Sve jedno*' (it is all one) they said, rocking their heads from side to side as they sat cross-legged beside their charcoal braziers, making the endless Turkish coffee.

The dreaded '*Vardar*' began to blow on 2 December and its breath was icy as it tore at hurricane speed down the valley, the *Armée d'Orient*, in which there were many colonial troops, suffered badly from frost-bitten feet, noses and ears and many died at their posts with their rifles still in their hands.

The men of the Tenth British Division held the line against fresh Austrian and Bulgarian troops massed in overwhelming numbers. This division has often been belittled for its conduct at this period, but clearly the only possible action under the circumstances was to make an orderly withdrawal as soon as the retreat of the French from Demur Kapu and Strumnitza had been covered. This was successfully accomplished by this fine body of men sent at the last desperate moment when Serbia was all but lost.

The '*Vardar*' continued to blow for three days with ever-increasing fury, giving those who were responsible for the tents anxious days and sleepless nights, mercifully none of them collapsed, but many were hopelessly torn with the constant strain. The wind kept up a mournful wail and seemed to blow through the very bone-marrow, causing tears to roll involuntarily down the cheeks.

The days were bad enough, for we were constantly in the open, but the nights seemed interminable to the sisters, with the icy wind shrieking through the cracked shutters of the top barn. They might as well have slept on the open balcony, as some of us did, for it was no colder. The jackals kept up an uncanny howling in the camp, where they came to seek food – and corpses. The patients, once they were in bed in the tents, declared that they were warm and comfortable and began to trim their beards, producing the inevitable mirror and pocket comb, which the French troops guarded zealously through peace and war.

On 4 December there were orders that Ghevgeli was to be evacuated, for most of the country was already in the hands of the enemy and the Serbs were carrying out a fighting retreat to the west.

We were naturally anxious about the fate of the personnel of the other Scottish Women's Hospitals who had been working in central Serbia since early in 1915, and among whom we had many friends, would they have to remain in Serbia till it was liberated and how would they fare if taken prisoner?\*

The patients, accompanied by some of the staff, were evacuated to Salonika in a crowded train unfit for the severely wounded. The remainder of the staff packed the tents, apparatus and equipment, once more loaded the bales on to the bullock-wagons and guarded them at the station while awaiting rail transport. The cooks brought away the very bricks and fire-bars as well as firewood, so as to be ready for the next camp.

*Extract from my diary, 6 December, 1916*

'When all was ready, we made a bonfire of every scrap that might be useful to the enemy and crouched round it, our haversacks by our sides. The fire lit up thoughtful faces, for there was not one of us but had someone serving in France, the Dardanelles or on the high seas and our hearts were with them and the anxious ones at home. We

\* Early in 1916 we heard that one of the Scottish Women's Hospitals had remained in Serbia. The personnel were taken prisoner but eventually repatriated among them were Dr Elsie Inglis, Dr Alice Hutchison, the Hon. Evelyn Haverfield and Vera Holme. All the other Scottish Women took part in the epic retreat with the Serbian Army 'pešake' (on foot) across the Albanian Mountains to the Adriatic Sea.

fitfully sang in chorus, led by Flora McKenzie, whose sister Mary is in Serbia. She seemed the embodiment of all the sad old women of her native Sutherlandshire as she rocked to and fro in rowing measure singing softly in Gaelic, "Eir a bhata no horo eile" and "The Mist-covered Mountains of Home". King Constantine is said to be Germanophile and his consort, Queen Sophia (the Kaiser's sister), is influencing him thus. French, British and Serbian troops will be on Greek soil which may at any moment become enemy territory.

At two a.m., we packed ourselves into a railway truck and settled down on the floor for the night, and nine hours later arrived at Salonika.

We were able to start preparing the hospital at once, for a piece of waste land close to the sea had been selected, and the unpacking was attacked vigorously by the entire staff. Fortunately, a timely consignment of small, green ridge-tents had arrived from England so that now we each had a home of our own, and counted this the height of bliss.

A camp hospital starts from zero, for every service must be swiftly contrived. Our cooks were able to function at once since they had brought the wherewithal from Ghevgeli, while the French engineers supplied a precious spout of water. The redoubtable Miss Stoney, working like a fury, had the whole camp lit by electricity in record time.

I undertook the sanitary arrangements, but the temporary latrines for the personnel proved to be situated in a right-of-way, so that pigs and mischievous herd-boys intruded. We took turns to dig sewage-pits and many a load was carried before a more expert system could be constructed.

By the 17 December, the hospital was functioning and, in addition to the French patients, a pitiful convoy of Serbs arrived, they were part of the small remnant of the army that had retreated south, and were emaciated, miserable, verminous and almost naked, their feet raw and septic.

The Greeks were still neutral, nevertheless the French and British troops began to entrench themselves on their territory, in some places

within nine miles of Salonika, being thus in the so-called 'bird-cage'. The enemy consuls still lived in the town and knew the actual strength of our forces, since they counted them as they disembarked at the quay! They were not strong enough to stop the enemy if he advanced into Macedonia, but, surprisingly, this did not occur.

The wards were full of men too ill to celebrate Christmas, but at a nearby French hospital there was a midnight service in an army hut. The altar was a packing-case covered by the Tricolour, the candles were stuck on empty shell-cases, the priest's tattered blue uniform showed below his surplice and the congregation perched on bales or knelt on the muddy floor.

On New Year's Eve there were two enemy raids, in consequence of which it became possible to arrest the consuls of Bulgaria and Germany in their homes in Salonika, and thus the campaign in Macedonia entered a new phase.

## CHAPTER SIXTEEN

### Preparations and a Summer Campaign, 1916

THOUGH THE FIRST TWO MONTHS of 1916 were chaotic and the future was uncertain, everyone worked to improve conditions while the expected attack on Salonika was awaited. The area within the 'bird-cage' was small and was crowded with refugees and French and British troops. The French and British patients were sent off in hospital ships, the former to Marseilles, the latter to Malta, for there were as yet no British military hospitals and only two besides ours for the French.

There were many brilliant men, not all of them officers, serving with the *Armée d'Orient*, among them writers and painters who were *observateurs* with aviation and I listened entranced to their conversation. I learnt something of the French outlook upon life from their criticisms and their endless discussions, not only upon art, literature and medicine but upon Macedonia, French politics, the present situation and the predicted future. I began to feel the rhythm, colour and beauty of the French language when it was spoken by men like Henri Bernstein, Duvernois, Richepin, Dr Thierry de Martel, Jean Worth, the de Vilmorin brothers and many others.

Salonika and its fascinating types was discovered through the eyes of the French *artistes-peintres*, for they painted in every moment of leisure, among them were Boutet de Monvel, Prévelan and Jouve, each one a master in his own style. Some painted *les petits coins pittoresques*, others the many 'types' that thronged the streets of Salonika, not only the troops, the villagers, refugees and inhabitants but also the many attractive Spanish Jews in their distinctive costume, who belonged to

the large colony whose ancestors had been expelled from Spain by Ferdinand and Isabella during the Inquisition. It is said that only a few of these Spanish Jews survive today, the vast majority having been liquidated by Hitler in the Second World War.

One by one, as the summer progressed, these French *observateurs* succumbed either to malaria or to *un caffard noir*, for they soon had their fill of Salonika with its hardships and limitations. They had done excellent work in prospecting the country, but the year 1916 saw the last of this galaxy of talent.

Already in April the days were uncomfortably hot and the flies a positive scourge. Since sanitation was non-existent among the natives of the country, dysentery was rapidly spread by flies and daily claimed more victims. Minor horrors were ants, which appeared in myriads and, though they did not carry infection, their bites raised large and irritating swellings.

There was yet another but more deadly enemy, the mosquito, which kept up a continuous warfare all through the summer and autumn. These tyrants were a constant source of irritation, especially at night, with their zizz-zizz, and their bites caused inflammation and swellings, though that in itself was a trifling matter. The anopheline mosquito is the means by which malaria is propagated, but before the war Salonika had been quite free from malaria for though mosquitoes were present they were uninfected. Many of the villages up country, especially in the marshy districts of the Struma valley, were malarious but, as the villagers did not travel and mosquitoes can fly only a short distance, many districts of Macedonia were quite healthy. There was now a constant movement of troops, numbers of them infected with malaria, and so very soon Macedonia became generally infected.

As the summer of 1916 wore on, the days became insufferably hot and there was a great deal of illness, dysentery and malaria taking a heavy toll of the troops. They were brought down from the front over the rough unfinished roads, and the long convoys of ambulances were driven by weary drivers looking like begoggled ghosts, so thickly were they covered with dust. Many of the patients arrived in a dying condition or died later in the base hospitals or in the ships in the bay, and those who survived recovered slowly. There were many fatal



cases of cerebral malaria from the effects of blocking of the brain arteries by the excessive numbers of malarial parasites in the bloodstream

The nursing was exhausting, for the dysenteric patients needed constant attention as did the malarial cases, especially when their temperatures soared and they became delirious. Ice was almost non-existent and owing to the risk of amoebic dysentery all the precious water had to be boiled, for chlorinating was not sufficient to render it safe. The patients suffered agonies from heat and thirst and some, semi-delirious, escaped from the wards and plunged into the sea, but even that was warm.

That summer must remain a painful memory to all who experienced it and in the years that followed there was nothing like the heat and the high death-rate. The general conditions improved greatly during 1917 and laboratory investigations were carried out and conferences held at which the allied doctors pooled their knowledge.

Sand-fly fever was almost universal and was caused by the bite of the almost imperceptible phlebotomous fly, resulting in a three-day fever which was prostrative and painful while it lasted. In the late summer infective jaundice attacked many and, though seldom fatal, caused great debilitation, depression and a slow convalescence. Our staff suffered from malaria and dysentery, numbers of them having to be invalided home, and often those who replaced them were stricken down a few days after arrival.

Meanwhile, in spite of all the sickness and depletion, the troops were steadily being trained and the front line was moving farther up country on newly-constructed roads. The allied operations had up till now been under the supreme command of the French General Sarrail. In May 1916, General Milne\* took over the command of the British troops from General Bryan Mahon, and this grave reserved Scotsman, by his force of character as well as his professional skill, was largely responsible for the ultimate success of the 'Macedonian side-show', which was so important a factor in shortening the war.

At the end of May 1916, the British and French troops were joined by 120,000 Serbs – all that was left of the Serbian Army – for it was

\* Later Field-Marshal Lord Milne

estimated that 100,000 had perished in the retreat over the Albanian mountains. How different the Serbs now looked, for gone was the national dress of the reservists and all wore British uniforms, American boots and puttees and carried French rifles, but retained the *serbska kapp*, now made of khaki cloth. The Serbs also succumbed to malaria and dysentery and later on to severe scurvy, from which many died and others required lengthy treatment, it was an unsolved mystery why none of the other allied troops suffered thus though they all received the same rations.

Two brigades of Russians suddenly appeared on 30 July 1916, and though at first we thought it was only another rumour, there they were with their broad Slavonic faces, faded blue eyes and silvery pallor, they were entirely different physically from the Serbians, though so closely allied by race and speech.

During the first week in August, Italian troops made their appearance, so there were now soldiers of five allies ready to take part in the approaching advance. The Italians were picked troops, particularly the *Bersaglieri*, and their transport and workshops were superb, their Fiat lorries, with their high clearance, being perfectly suited to the country.

In the autumn there also arrived the 'American Unit of the Scottish Women's Hospital', so called because the funds had been collected in that country. The unit was excellently equipped, for the Home Committee had now gained experience of the needs of camp hospitals, it had ample transport of its own and its personnel was composed of sixty women, all of them highly trained.

This unit was sent up to Ostrovo and was the only hospital close to the Serbian front - so close that from a hill nearby the staff could watch the progress of the battle. Ostrovo Hospital dealt with the severely wounded Serbs who were driven down the precipitous Drina Hill from the dressing station, the theatre staff worked literally day and night for many weeks on end.

Then, under the command of General Vassitch and Voivode Mishitch, began the advance up the Cornicheva Pass and onwards to Banitz and Florina, the Serbs carried everything before them, but they suffered heavy casualties. They battled onwards and upwards,

and not even the Mountain of Kaimakchalan,\* 8,000 feet high, could stop them. There was fierce fighting at the summit, but they hurled the enemy before them and took Monastir, the first Serbian town to be recaptured, which was a magnificent achievement! They strove to push farther northwards, but no French or Russian reinforcements were forthcoming. Winter was approaching and fighting would become impossible, and the impatient Serbs had to content themselves with the hope that in the spring of 1917 they would advance into their own country, but that was not to be for another two years. It was during that time that we got to know the Serbian *voynik* (soldier) and to learn something of the history of his country.

\* So called because it was snow-capped and *kaimak* means a creamy Serbian cheese.

## CHAPTER SEVENTEEN

### Serbians in Exile

ALL THE MANHOOD OF SERBIA, from the adolescent to the ancient *chicha* (uncle), were gathered in Macedonia, for there was no one too young or too old to fight. The women and girls had been left behind in Serbia and, of the 36,000 boys who had made the retreat over the Albanian mountains with the army, only 20,000 had survived the fighting, climatic conditions and starvation. Many who had survived the retreat were fatigued beyond human endurance and died on the Island of Corfu.

Early in 1917, arrangements were made by the British and French to provide hospital accommodation for the Serbs, and in order to make up the number of beds promised by the French, ours were included, thus we were in the paradoxical position of being a Scottish Women's Hospital under French Army Headquarters for Serbian patients.

The Serbs were brave, uncomplaining and grateful patients, and though few of the sisters spoke Serbian they got on with half a dozen words which many of them never even learned to pronounce correctly. *Dobro* (good), *ne dobro* (bad) and *boli* (pain) sufficed, the rest was dumb show. The Serbs, observant of the voice and facial expression, understood the sisters' orders, and were able to relate their life-history and that of their families in a way that could be plainly understood.

By degrees they told of their anguish at leaving their country, of the weariness and sorrow of the retreat, *peslike* (on foot) over the mountains of Albania, of the hostility of the Albanians and of how they bartered their boots and *opanke* (sandals) for bread and thereafter walked barefoot.

As the months passed they gave up talking about the retreat and only thought of the future of their country, their *selo* (village), their wives and children and most of all of their *maika* (mother). It is a relic of feudalism that the mother is the most honoured woman in the family, and the greatest compliment they could pay us was that we had been a *maika* to them. When they were very ill or suffering grievous pain they kept up a soft continuous croon of 'ku, ku, maika, ku, ku, maika', this never disturbed the others and seemed to ease the patient.

The Serbians' recreation took the form of singing and dancing, as natural a part of their lives as tilling the soil, and, whenever possible, they sang lustily. The favourite song was a modern one, '*Tamo daleko*' (there, far away), telling of what had happened since leaving their beloved country and of their longing for home. Some of us often sang with them and it was through this song with its endless verses that I first began to learn their beautiful language.

The Serbs often talked about their ancient heroes and especially of the famous Kralyevitch (Crown Prince) Marko and his piebald horse 'Sharatz', of song and story, these *pesme* (epic tales) had kept the Serbs together during the centuries of Turkish domination. I heard from the colonels of regiments of their curious experiences of visions of Marko on his miraculous horse appearing to whole regiments in battle, encouraging the troops and leading them on to victory.

When the patients were well enough, and often when they were only convalescent, they returned to the front by their own wish, for they would be nearer Serbia. They knew how to make homes for themselves, and their tiny bivvy tents were shaded by branches and wattle and had couches of yielding saplings and mosses. They made shady *ladnyaks* (shelters), with young trees for supports, roofed over with intertwined branches, and there, when there was no fighting they could sit and sing in the dusk or listen to the *cziganes* (gypsies) fiddling, for the colonels always retained a musician in the regiment. The soldiers danced the *kolo*, their national ring dance, whenever possible, the whole regiment in one line, holding each other by the hand or shoulder. The fundamental steps are simple, but many elaborated the dance by executing intricate footwork, heel-clicks, *entrechats* and muscular ripplings of the body. Some of the regiments

had their own *kolo* tune, lacking a fiddler, a reed pipe sufficed, and this dancing delighted and released them and gave them exercise

The men grew plants around their bivouacs and when off duty were never without a flower in their caps, behind their ears or fixed to their rifles. The front became their home and they gazed over the hills to the border in the distance and dreamt night and day of their *selo* (village), *tamo daleko* (there, far away) and lived for the day when they would fight their way back.

The aged King Peter I, affectionately known to the soldiers as *Chicka Pera* (Uncle Peter), who had led the retreat over the Albanian mountains, was rarely seen. He remained in retirement in a small house in Salonika, but his two sons were familiar and active figures. The elder, Prince George, fought on the front and the younger Prestoled-naslednik (Crown Prince) Alexander took over his father's responsibilities. Crown Prince Alexander in due course became king and married Princess Marie (Mignon) of Roumania in 1923, and by her had three sons, Princes Peter, Tomislav and Andrei. He was assassinated in Marseilles on 9 October 1934, and was succeeded by his schoolboy son, Peter II.

Monastir was the first town of any size that had been retaken in the Franco-Russo-Serbian advance of 1916 and was still in their hands, though my diary of 3 January 1917, reads, 'News bad. Monastir bombarded every day. Bulgars are said to be likely to retake the town'. Mrs Harley had gone there to work among the women and children, feeling that in this way she could be most useful to the Serbs. Just beyond the town were enemy positions from which there was a continuous bombardment by General von Mackensen's guns. The inhabitants refused to leave the town, saying they would sooner die than leave their homes, in which they led an unhealthy life in flimsy bomb-damaged old Turkish houses, the children had little food and no schooling and many were killed by shrapnel and by poison-gas shells. Mrs Harley would not be dissuaded from living in Monastir, so she settled down with her daughter Edith in an old Turkish house. On 7 March 1917, during a bombardment, a shell burst close at hand. Mrs Harley was killed instantly, though the small wound in her

forehead did not disfigure her beautiful face. She had worked indefatigably for the war effort, though in her sixty-fourth year, she never said she was weary, nor did she lose heart. As Lyubomir Jovanovitch, Minister of the Interior, said in his oration, 'Noble daughter of a great nation, though not a sister of ours by birth, still dear to us as a true sister. Your tender soul will be followed by our fervent prayers and the everlasting gratitude of the Serbian nation.'

Many events took place in 1917. The most important was that in June King Constantine abdicated and Greece, under the guidance of M. Venizelos, entered the war on the side of the allies. The Greeks took the field in large numbers, proving themselves good fighters and playing an important part in the advance of the following year.

Venizelos was a familiar figure in Macedonia, with his bodyguard of two Cretans in comical uniforms of dark blue with baggy-seated trousers that swung out behind as they strode along. With his sober suit, black trilby hat, venerable white beard and thick spectacles, added to his self-effacing manner, Venizelos looked like a lay missionary and appeared most gentle and benevolent. Those who were qualified to judge averred that he was an accomplished politician and that his bringing in of Greece on the side of the allies was masterly.

The provisional government had placed King Constantine's younger son Alexander on the throne and he came to Macedonia on more than one occasion to see the Greek troops and perhaps also to visit Mlle Manos, a beautiful young Greek who was a volunteer nurse in a military hospital. Not long before his death in 1921 'from monkey-bite' they married, and their daughter Alexandra, born posthumously, is now consort of King Peter II of Yugoslavia.

During the summer of 1917 the Russians left Macedonia. They had fought bravely in the 1916 advance and in the spring offensive of 1917, but soon afterwards they became unsettled like their brothers in Russia. They made revolutionary demonstrations, fraternised with the Bulgars and consequently were removed from the front and left Macedonia for ever. With them went many friends, among them the gentle Chief Sister of the Red Cross, Princess Romanoff, Dr Troyatski, a distinguished young Russian neurologist, Pomerantzev, conductor of

the ballet at the Bolshoi Theatre, Moscow, and others whom I have never seen or heard of again.

The great fire of Salonika which began on Saturday, 18 August 1917, must have been one of the most extensive in history, but fortunately there was little or no loss of life. At five o'clock in the afternoon a lick of yellow flame was noticed beyond the bazaar and, though in half an hour it had grown slightly bigger, nobody considered it serious. An evening breeze arose and suddenly there was a belt of leaping roaring fire that stretched from one end of the town to the other, a ferocious monster that ate up house after house. The breeze developed into a mild 'Vardar' wind and nothing could now have stopped the progress of that furnace. Its hungry roar mingled with the snarls, husses and crashing of falling houses and buildings. The inhabitants ran about trying to save their possessions and the *hamals* (porters) made a fortune carrying heavy loads for the highest bidder. A huge wardrobe, a large table or a piano coming blundering down a narrow street, a *hamal* peeping out from under it, might be met by a sewing-machine or a feather bed going in the other direction, and the two would become jammed. Mothers and children scurried along with as much as they could carry and bedridden old people were half-dragged, half-carried along to safety.

By nine o'clock huge fire-balls were being blown into our hospital and beyond, for the wind was still in the same direction and there was great danger of the tents catching fire, even if the fire itself did not reach us. Members of the staff, armed with brooms to beat out the fire-balls, perched themselves on the high ridge-poles of the tents and straddled there until there was no more danger. '*Comme ces dames sont pratiques, les Seestaires sont merveilleuses,*' said our patients. '*Sont des garçons manqués,*' grunted Dr Danjou, the taciturn old Médecin-chef from the nearby hospital.

Before midnight the entire town was a semicircle of fire and it seemed as if it would soon reach our hospital, but after midnight the wind suddenly changed and the flames, instead of licking eastwards, blazed southwards, thereby setting fire to the *caïques* that lay alongside the quay. These *barques* had been able to save many of the inhabitants and their goods, since the quay, till then, had been untouched by fire.



Now, moving out for safety, the barques set fire to others and for a time there was great confusion in the bay. Nevertheless, the change of wind saved the remainder of Salonika, and when daylight broke the danger was over, though the fire continued to smoulder for days, leaving the town a mass of ruins. The Turkish quarter, however, nestled on the hillside as brightly as ever and the old walls and mosques stood out in the midst of the desolation, except for the fine Byzantine Church of Saint Demetrius, which was utterly destroyed. Many Salonikans were insured with British companies who paid to the full, much to everybody's surprise, since there were no fire-engines and no method of coping with a fire!

Salonika was soon in working order, though in the meantime there was no attempt at rebuilding, the inhabitants went back to the skeletons of their shops, put up tarpaulins and carried on their trade, taking it all very calmly. There was much discussion as to whether the fire was caused by enemy incendiarism or by accident, but there was no official statement. Many said it was caused by a careless housewife upsetting fat on the fire while cooking the evening meal. *Cherchez toujours la femme!*

The mosques were used as dwelling-places for the refugees and were gay with Persian carpets, families settled down there contentedly, the women in the purdah-galleries and the men on the floors of the mosques.

It was in this year of 1917 that General Sarrail began to lose his popularity. So far, there had been nothing but praise for him, but now the French were beginning to be critical and while he remained in supreme command there was constant friction with the allied Generals. In December, 1917, he was replaced by General Franchey d'Esperey. We, on the contrary, had no reason to be critical of either of the *Supremos*, for they were always helpful, friendly and proud of their *hôpital écossais*.

The hospital was entering its third year in Salonika, but it was now situated high up on the hills behind the town, where the patients were housed in wooden *barragues* supplied by the French. The personnel were well housed in tents of the Indian pattern, and by now they had got so used to them in all weathers that they asked for nothing better. We

provided ourselves with sheepskin coats, which also made fine bed-covers, and those of us who had kept free from malaria and dysentery were now so tough that we were almost impervious to the extremes of heat and cold. Conditions had improved greatly since the first year and order had been established out of chaos. Hospitals had been established, convalescent and rest camps provided and much was done to protect the health of the troops and keep up their training and morale.

One of the biggest problems was that of malaria, and it was tackled with zest by the British missions and even more enthusiastically by the French *Mission anti-paludique*. Many marshes were drained and, where too extensive, were covered by a film of petroleum, for it is in them that the mosquito larvæ mature and multiply. Quinine was distributed in the villages and the troops were provided with equipment to enable them to take precautions against being bitten by the anopheline mosquito, which attacks only after dusk. The French undertook much propaganda and distributed posters, picture postcards and *petites histoires* illustrated in bright colours, set out specially for the illiterate Senegalese.

History shows that in warfare there has always been a large percentage of casualties due to disease, and this was so in Macedonia between 1916 and 1918. Vast numbers of troops died of malaria and dysentery, though few from typhoid, owing to the universal inoculation with 'T A B vaccine', which proved to be an almost certain safeguard.

Sir Ronald Ross, who made the discovery that the anopheline mosquito was the carrier of malaria, came out to Macedonia to give expert advice, as did Dr Andrew Balfour and other experts. Sir Armand Ruffer arrived from Egypt to advise the Venizelist government on malarial prevention and treatment, in which he had a lifetime of experience. Though old in years he was young in his outlook on research, and those of us doing laboratory work sat at his feet. Alas, this attractive savant was drowned when the ship in which he returned to Egypt was torpedoed.

It was only in the spring and autumn that climatic conditions were favourable for fighting. During the remainder of the year therefore, there was little war surgery but a great deal of medical work. The laboratories, however, were constantly busy and it was an

instructive time for pathologists, whether they were experienced in tropical and semi-tropical infections or, like myself, were coming fresh to them. It was a proud boast that the Scottish Women's Laboratory was so well equipped that French and British research pathologists came to work in it. It was the only one in the country that possessed a reliable microtome, and all the sections that were used by M. Lemaire and M. Paiseau, of the Pasteur Institute, and some of those used by Dr Armand de Lille, in their unique researches on malaria were cut in the S W H Laboratory. I carried out the cerebro-spinal fluid examinations for the consultant physician to the British Army, Colonel Purves Stewart, who brought them to me because of my special experience in this work. I was proud and most willing to help by giving this voluntary contribution to the British, who had not thought fit to accept our Scottish Women's Hospitals.

There is no doubt that the medical and bacteriological work on the Macedonian front was of a high standard, and much useful research was done there. This can be said of all the allies, but especially of the French, who by their researches added greatly to the scientific knowledge of tropical and semi-tropical diseases.

The most original work, however, was done by Dr Magnus Hirschfeld and his wife, Doctor Anna, Poles from Warsaw, who were serving as volunteers with the Serbian army. Macedonia, with its many villages, each inhabited by people of widely different races, together with its allied troops, was the ideal locale for his work on blood groupings, and he concluded his epoch-making researches in Salonika in 1918.

## The Advance into Serbia

*DURING THE SUMMER OF 1918*, after having served for three years with the Girton and Newnham Unit of the S W H, I became C O of its American unit which had given such splendid service in the 1916 Serbian advance. My predecessors, Dr Agnes Bennet (New Zealand) and Dr Mary de Garis (Australia), had in turn succumbed to malaria so severely that they were invalided home. The hospital had done fine work and I hoped to carry on its traditions.

I started with the advantage of knowing the Serbian officials and could carry on discussions without a *tumatchi* (interpreter), thus saving time and misunderstanding. I enjoyed, moreover, perfect health, maintained so far during the campaign, tireless energy and a youthful optimism. Whether from lack of foresight or recklessness, I was to undertake tasks without seeing half the difficulties, and rather by good luck than good management, they were in the main accomplished. My early childhood training of taking from day to day still seemed to serve me well.

The route to Ostrovo led from Salonika westwards and the last British landmark was the ammunition dump where the new British motor road to Kukus led to the Doiran Front. The Monastir road was not of the same calibre, for it was actually the ancient Via Egnatia and throughout the war years remained much as in the days of the ancient Romans. It crossed the Vardar river near Yenetze Vardar, once the residence of King Philip of Macedon, and continued westwards past the well of Alexander the Great, where that famous general mustered his troops to march into Persia. I scrambled to the top of the cistern, a jade green pool fifty feet deep, and with cupped hands drank delicious

cold draughts of water, the first for years that was not chlorinated. Then onwards till from afar Vodena\* was seen perched on high rocks down which wisps of white water were spilling. The Kings of Macedon had their seat of government in Vodena and though there was nothing to recall the past in this primitive town, I found myself inwardly repeating Dryden's ode, 'Twas at the royal feast for Persia won by Philip's warlike son' and so lived for a little under the spell of its ancient glories.

Ninety miles west of Salonika lay Ostrovo Hospital, set out on a green sward in the hollow of the hills, shaded by a clump of ancient elms, the home of cawing rooks, and beyond the white tents lay Ostrovski Jezera (Lake Ostrovo).

The hospital came under the command of the Director of the Serbian Medical Services, Colonel Vladisavylevitch, and he had detailed Serbian *bolnichars* (orderlies) to work under the direction of our Sisters, they also helped in the lake-side laundry and in the kitchen, making luscious paprika stews well laced with *beli luk* (garlic). The Serbian orderlies did all the lifting of patients and carrying of heavy loads and, looking back to our early days in France, Ghevgeli and Salonika, I wondered if we had not gone too far in undertaking all the labouring work ourselves.

The camp was ideally situated and, indeed, but for the deadly anopheles that abounded in the neighbouring marshes, no better site could have been chosen. The country was a never-ending delight, the green hillsides starred with cyclamen, lilies, orchids, crocuses and yellow irises. Little black-eyed herd-boys watched their flocks and listened for the faint jangle of the bells, meanwhile, they whistled the day long on their reed pipes, which gave a merry dancing lilt or a fragment of improvisation in tune with the child's mood. Small swine-herd maidens and tiny goose-girls trudged past the hospital, and there were endless streams of peasants, the men on ponies, the women on foot. Nomads straggled past with their numerous progeny, the newest baby sitting in a nest among rainbow-coloured blankets on one pony, the cocks and hens perched on another, like us, they lived in tents, theirs made of rugs, slung across sticks in the age-old fashion.

\* From *voda* (water)

Not far from the hospital was the lofty Kaimakchalan where the Serbians had triumphed against mighty forces. Now all was peace and the Serbian Crown Prince and his staff lived here in huts hidden in a glade that was a maze of darting butterflies, droning bees and shining dragonflies.

The patients were able to gaze upon Lake Ostrovo from their beds and watch its changing lights and shadows. On a summer's night lit by Macedonian moonlight the great lake was a pall of black and silver and all was silent but for the gentle lapping of the water upon the shore, the rumble of guns on the front alone proclaimed that the hideous war was near and that our patients, now sleeping, were its dire results.

The drawback to this idyllic site was that it was in a malarial area, and the fever was undermining the health of the staff. I was determined that the camp should be moved but, at the very moment when the matter was being discussed with the Serbian D M S, circumstances obliged us to move much farther than had been anticipated.

The year 1918 had been an anxious one for our armies on the French Front and the daily communiqué was followed with anxiety, meanwhile our front was quiet but it seemed certain that the Serbians would not have to suffer another winter's exile. The Voïvode Mushitch was determined to start an offensive in the early autumn and evolved a brilliant plan for an advance into Serbia while at the same time there was to be an attack along the entire front line, in which Italian, Greek, Serb, French and British troops were to take part.

Then came the day when the Serbian official communiqué reported, 'on 14 September, our troops captured Beli Kamen (Hill 1170), the same day we entered Istib and captured Bogoslavatz. On the morning of the 15 September our cavalry, pursuing the enemy, entered Kotchane. More westerly, our line is extending to Veles. Great numbers of German and Bulgar prisoners fell into our hands and booty as well. The depth of our penetration to the north amounts in the direct line to 120 kilometres.'

Spirits went up with a bound, and that night out came the reed-pipes every Serb who had two legs danced the *kolo*, and one by one we all joined in the long line of soldiers who were dancing their joy at the good news.

The Serbs pressed on, towards their homeland, consumed by a fierce desire to punish Bulgar, German and Austrian. Nothing could stop them, and they soon got ahead of their transport and supplies. *Napred* (forward) was their slogan, 'Don't send us food, send us shells,' was the message they sent ringing down the line.

On 30 September, news came that Bulgaria had capitulated, but the Serbs were far from pleased for they longed to revenge themselves on their old enemies the Bulgars, but they comforted themselves with the fact that the war was not yet over and that there was still time to make the Austrians and Germans suffer.

The medical situation in Serbia was now catastrophic, for the retreating enemy had taken everything and destroyed the railway, the shortage of transport was such that there would be great delay in sending up the hospital equipment which the Serbs had accumulated at Salonika.

I hurried down to Salonika to see the Serbian D M S and found him wringing his hands in despair, he desperately wanted the Ostrovo Hospital to proceed forthwith to Vranja, to be the foremost hospital in the re-occupied territory, but could not obtain transport. I said that I would find means of getting up the equipment and that we already possessed enough transport for our own personnel. General Long, the Chief of the British Transport Service, had ever been a good friend of the S W H, and when I supplied details of our requirements the matter was arranged there and then. Many were doubtful of the wisdom of taking the unit so far into Serbia for Nish was still in enemy hands and it was feared that the Serbs might have to fall back on Vranja. The Serbs, however, were quite confident of success and that was enough for me.

On my return to Ostrovo I called a meeting of the entire staff, put the whole situation before them, telling them how desperately they were needed but that the task would be arduous, I gave them the chance of resigning without dishonour if they felt that they had ones which would not justify the risk. Not one of them resigned, but that night many came creeping stealthily to my tent to beg that they might have the first chance of any specially dangerous task.

The patients were sent down the line, the tents struck, thirty wagons

were packed with our equipment and were conveyed to the railhead at Monastir. By the evening of 22 October, everything was packed, and we slept in the open. The moonlight shone on the *grobija* (graveyard), where many valiant warriors and two of our Scottish Women reposed. The wild flowers would soon grow thickly over the graves, for we would not return to Ostrovo.

On the morning of the 23 October we set out in a convoy of nine automobiles on the trek of 311 kilometres to Vranja. We were hampered by Serbian troops and thousands of sullen but well-equipped Bulgar prisoners as we toiled up the steep Gornichevo Pass. The first night was spent in a field outside Monastir, our camp beds in a line, and all night long troops and prisoners tramped along the nearby road. The next day's journey was tricky, for the road was pitted with shell holes and every bridge had been destroyed, but the rivers were low and our lorries splashed through safely. Dead horses and donkeys lay thick by the roadside, with blue jays pecking at the carcasses – they turned me against 'blue birds of happiness' for life.

The road became crowded with refugees trudging back to their villages, and weary old Serbian soldiers detached from their units, wandered along in twos and threes. '*Ka kosta vi, chicha?*' (how are you, Uncle?) the kindly sisters would call, '*Dobra, Sestra, dobra,*' they would call back, pointing northwards with a gleam in their eyes, '*Peshke, peshke kod kutchi*' (we are trudging homewards).

The second night was spent in the open at the bottom of the fearsome Babuna Pass beside a rushing river, and we boiled its nut-brown water in a petrol tin and made delicious coffee. Early next morning we ascended the Babuna Pass and swirled down the thirty-four hairpin bends, where many cars already lay far down in the ravine. The shell-holes, the greasy narrow road, the dense traffic, the slow-moving bullock-wagons, made the descent most perilous, but our splendid young drivers brought the cars and lorries safely over the pass and I heaved an inward sigh of great thankfulness.

It was an easy run to Veles, where we slept in luxury on the floor of an empty school-house, and next morning everyone was in merry mood and feeling quite ready for the work, however strenuous. The fourth night we slept at Uskub (Skopje) and on the fifth day of the trek



we started off feeling that we were almost at journey's end, but progress was slow, for the mud was deep so that much pushing of the cars was necessary

Now, the town of Vranja could be seen at a distance of five kilometres, situated high up on a plateau, behind which rose green hills, while at its extreme end a colossal white building, which seemed to dwarf the whole town, was silhouetted against the sky. This was none other than the enormous regimental barracks which was to be our future hospital.

Sleet began to fall, and by the time we clattered on to the great parade ground snow was falling and it was bitterly cold. No preparations could possibly have been made for us, for the barrack rooms were filled with grievously sick and wounded, most of whom lay on the floor in their uniforms, and among them were Serbians, French, English and Italians. The Second Drina Dressing Station had been *doing its best* and had 1,500 patients in the hospital. They had no equipment and only as many field dressings as their pack-mules could carry. Priests were praying and giving communion to dying men, while many of them were bleeding and breathing their last without anyone to attend to them.

The operating room was a ghastly sight, the floor swimming in blood, and pails crammed with arms and legs and black with flies lay around the old deal table on which they had been amputated. The surgeons, with their sleeves rolled up, waterproof aprons over their uniforms, operated without anaesthetics while the patients kept up a heartrending low wail.

There were no candles in the town and the huge building was in darkness except for an oil dip here and there. Groping our way along the stone corridors, we met delirious patients wandering aimlessly and moaning '*voda*' (water), while old white-haired *strajas* (guards) tramped about with fixed bayonets lest some prisoner should escape.

Two rooms were cleared and each Scottish Woman unfolded her camp bed by the light of our own candle-lanterns, opened wide the windows, letting the snow in and the foul stench out, but bugs and fleas in myriads kept up a constant attack. We were up at daybreak, for the Second Drina Dressing Station was due to leave and went off

on foot to open another dressing station. I was now responsible not only for the patients but also apparently for the population of Vranja for the villages for fifty miles around, and for the supply and transport service.

Everyone was in good health and heart and eager to tackle whatever had to be done. It would be accomplished somehow – and it was

## Vranja—Disillusion

AT DAWN ON THAT FIRST MORNING it was found that all but the most seriously ill had been evacuated, which meant that they were sent out into the high road to stagger along, eating and sleeping where they could, till at length they arrived at their *selo* (village). Monstrously cruel as this seemed, we had to do likewise for many weeks to come.

It was a bitterly cold morning and the patients lay in torn and blood-stained uniforms, and on their wounds were dressings that had not been changed since their application on the field, their clothing crawled with bugs and maggots and their bodies with lice. The dying lay closely huddled together with the living and all showed the ravages of pain, cold and hunger.

Many of the patients were gasping in the throes of pneumonia, for 'Spanish influenza' was now sweeping the country, many soldiers making their way home died of pneumonia by the roadside or were brought to the hospital moribund. In the Ceremonial Hall of the Caserne nearly a hundred Bulgars crouched in the last stages of bacillary dysentery, some dying, some already dead. They bleated for water without opening their eyes, and the hall and the adjoining grass court were foul with excrement.

By noon of that first day the sisters had accomplished a surface cleaning, as with brushes, improvised from twigs, they swept out and burned the garbage of ages. Fifty aged *chichas* (uncles) of the Reserve were detailed for the outside work and began to brush and whitewash, but unless bullied they stopped to gaze in wonder at the V A D s, who were washing the woodwork with paraffin, thus slaughtering myriads of bugs.

The theatre sister took over her task, while the dispenser, the X-ray sister and the store-room orderlies busied themselves with their work, for which they were all given full responsibility. The sanitary inspector, Miss Barker, shovel in hand, strode about galvanising the *chuchas*, improvising a system for disposing of the waste material, seeing to the cleaning of the wells and the purification of the water supply.

In the late afternoon of that memorable day our first convoy of British Transport lorries entered the courtyard, threading their way between the guns and ammunition on the parade ground, they arrived at the very hour that had been arranged at the original interview with General Long.

The last vehicle, after having crossed the perilous Babuna Pass in safety, met its Waterloo in our backyard, when the lid of the cesspool gave way and it sank into the unspeakable abyss. There were cheerful yells from the other drivers, 'Don't go down the mine, Daddy,' and after much effort and laughter, the lorry was extricated. The cold, mud-caked drivers were welcomed in the kitchen by our invincible little cook, Selina Tubb, who had already produced Irish stew for all and invalid food for the patients. The lorry drivers lay down round the kitchen stove, and every night for weeks afterwards British Transport drivers, French and Serbian troops, slept in our capacious cosy kitchen.

Late that night, walking through the building, I realised that something had already been accomplished, the patients no longer roamed the wards but were warm in bed and the stoves were blazing. The night nurses attended to the worst of the patients, stable-lamp in hand, and I could not but be reminded of their ancestress, Florence Nightingale, whose lamp they still kept burning. And where were the guards who had paraded the corridors on our arrival last night? Their rifles were stacked in a corner and they were helping the sisters, stoking the heating stoves and fetching and carrying willingly.

Next day, a constant procession of Serbians arrived with requests for food, wood, clothing, blankets, automobile tyres and spares, and motor transport. The requests hardest to refuse were those imploring us to visit the sick in the town, for influenza had spread widely and people were dying in hundreds of pneumonia. Day and night they burst into my office, dragging me from my bed as they implored me to come to

their sick relatives. The Mayor and the Military Commandet of the town sent verbal messages all day long, for they were at their wits' end trying to deal with the returning refugees. Fortunately we were able to shelter hundreds of the passers-by in our great barns and stables, but we were hard put to it to feed them all.

A week after our arrival, a British R A M C colonel came up from Salonika to ask if I would accept any personnel of the British Transport Company working with the Serbian Army who might require medical and surgical hospitalisation. I had orders from the Serbian D M S to accept allied troops, and immediately reserved two wards for the British soldiers who, for the eight months that they remained in Serbia, were nursed in our hospital. Everyone was delighted to have at last this opportunity of service to our own countrymen. It was now the British D M S who was begging the Scottish Women to accept responsibility for their seriously ill men, the others being dealt with in their billets by the R A M C doctors.

After the first few weeks a sense of tragedy and doom began to be felt, for many were the sorrowful homecomings of the soldiers who had been fighting in Macedonia for the past three years. They returned full of hope, longing to meet their wives and families and some found no house and no sign of their families. Nightmare tales were told by men who came back half-demented and by distraught women who had remained in Serbia during the war, in consequence many soldiers shot themselves or went completely to the devil. Spanish influenza contributed to the sorrows of home-coming, for many died of it on their way home. Numbers of wives and children also succumbed just before their warriors' return.

All this was too much for even those lion-hearted Serbians, for they felt that *Bog* (God) had deserted them in the hour of victory. Even those who came back to happy homes were disappointed, for all the grain, live-stock and household goods had been looted.

This had a devastating effect on the morale of the returned warriors and for some time they went completely to pieces. Our Serbian *bolnichars* ran off to their villages and stayed there for weeks heedless of their sick brothers. The sisters waxed wroth with their orderlies, so faithful in the Ostrovo days, but it was only a phase and it passed.

Their national motto, '*Samo Serbia Sebi Spacella*' (Serbia alone delivered herself) we parodied as '*Samo Serbia Spava Slava*' (Serbia only sleeps and feasts)

This lethargy affected even our old Reservists, the *chichas* (uncles), and they lazed the day away in spite of all our endeavours to make them work. Two old *chichas* sitting outside my window were heard to say, '*Cheka brate, cheka, cheterru sto godine mi smo bili pod Turse*' (Patience brothers, we suffered four hundred years under the Turk), '*josh malo cheka, skoro Skotski Geni ide*' (stick it, for the Scottish Women, too, will soon depart and leave us in peace)

One week after arriving in Vranja I left the hospital for the first time and went into the town to visit the sick, a hopeless task as from every doorway people ran calling '*Dodjete kod meni*' (Come into my home). Before I knew what was happening, I was press-ganged into house after house, unable physically or morally to resist. Little could be done, but it seemed to be some comfort to the anxious relatives if my hands were put upon the pulse, much as if 'touching for the evil'.

On 11 November we heard that it was Armistice Day, but nobody was glad and few realised what it meant. We had now got nearly all our equipment up from the railhead at Monastir, and the hospital was clean and comfortable. The entire building had been wired by one of our young drivers, Rose West, and this very day our Lister engine lit up the entire Caserne, giving us far more of a thrill than any armistice. The Serbs were still in a furious mood, for they wanted to make the enemy suffer for the terrible deeds he had perpetrated throughout the country, they intended, indeed, to take it out on the prisoners, and they did.

On the afternoon of Armistice Day a large convoy of Bulgar prisoners were waiting for treatment in the out-patient department when Jean Lindsay, one of our most hefty orderlies, crossed the yard with a pail of food for the scraggy chickens she had just acquired. The Bulgarians pounced upon her and seized the pail, fighting and nearly killing each other for the few scraps. They overturned the refuse pail and grovelled on the ground, devouring the potato skins, garbage and bones that it contained. A gruesome sight on a day that should have meant happiness and relief for all and, though I try to stifle it, the memory comes back to me every anniversary of Armistice Day.

The food question was now giving anxiety for, though we held considerable stores, there were six hundred people to feed every day. The Serbian army rations were meagre and often did not arrive for days at a time. This was due not only to transport difficulties but to slackness, to say the least, a constant prod was needed to keep officialdom up to the mark, and this was wearing and unpleasant. The unselfish sisters smuggled their own food to their hungry patients till this had to be sternly forbidden.

Even with the care we were now able to give the patients, the death-rate during October to December was almost ten a day and the mortuary was never empty. There the dead lay in their uniforms, as was the custom, but by morning they were invariably stripped. An army order decreed that the dead men's clothing was to be given to the living and even the old blankets and the cotton which were substituted were taken, so great was the need of the people. Burials were carried out with difficulty, for the ground was hard, the implements few, and the prisoners had little strength to wield a pick, so the valiant Miss Barker helped to dig the graves. The transport of the Serbian dead to the local *grobља* (graveyard) proved inconvenient, for the hearse rarely arrived in time, the Commander of Vranja obligingly said, 'You need the hearse so often that it had better stand in the hospital grounds permanently.' So it was parked at the back door, a lonely, dilapidated object that protested at every turn of its twisted wheels, as did the quivering angel on its roof. The conveyance had such a rakish, comical air that the sight of the waiting hearse was a source of merriment to staff and patients alike and never failed to produce a laugh from our visitors.

Less than a month after our arrival I was detailed for yet another duty - the examination of recruits for the Morava Division of the Serbian army, as there was no Serbian doctor within several days' journey. My duties were not to be arduous, for I was told by the Commandant to pass them all, unless they were blind, deaf and dumb or legless. I sat on a raised platform between the Town Commandant, Colonel Dinitch, and other officers, in a large Turkish room that had once been a harem. The handsome lads filed in till hundreds of them filled the room, and there they stood naked but for the sheepskin caps on their heads.

'*Skinni kapa,*' roared the Commandant, in a voice of thunder, at which every young man doffed his cap and saluted. Without any medical examination they were enlisted forthwith and marched away.

Thus, in spite of the disorganisation of the country, the army had no sooner entered Serbia than it began recruiting, drilling and preparing for yet another potential war. This was not surprising, for it was but forty years since the last Turk had been chased from Vranja. Then followed two Balkan wars and the First World War, now fortunately at an end. Serbia was taking no chances, and sometimes it seemed that she was already on the point of war with Italy over the Fiume question.

The beginning of the year 1919 saw a well-equipped general hospital with spacious medical and surgical wards, operating theatre, X-ray department and dispensary. The out-patient department was filled with a clientèle that resembled a Ruritanian musical comedy chorus. At first they were turbulent and fought to have first place, but they soon learnt to wait their turn.

In the courtyard were many strange equipages, among them open bullock-carts, with scarlet *yastuki* (cushions), orange-dyed sheepskins and coloured rugs, to make the three days' journey warm and comfortable for the patients. Others rode down from the hills on donkeys or ponies, astride wooden saddles, and some poor souls came *peslike* (on foot) and were waiting in the yard at daybreak.

More than 300 patients came daily and, as the doctors were occupied on still more vital work, they were attended to by the sisters, who did lancings, stitchings and all the dressings. A waiting-list was kept of the operations that we hoped to do when there were beds to spare. It was still impossible to accept civilian patients, as the number of soldiers could not be kept under four hundred, all of them seriously ill. As soon as possible, they were sent to houses in the town and came daily for dressings, thus freeing beds.

Many accident cases came to the out-patients' department, gunshot wounds, extensive burns, bites from wild dogs and hungry wolves. The relatives generally stuffed the wound with wet tobacco leaves and wrapped a newly-drawn rabbit-skin around the whole and thus made cleansing a complicated affair.



Convoys of Bulgars from the prison camps as far as twenty miles away came to the out-patients' department in such poor condition from sheer starvation and exposure that many arrived moribund and some died in the waiting-room. The exertion of being goaded along the roads by their Serbian guards had been too much and the feeble spark of life flickered out. Such tottering ghosts of humanity brought home once again the dire results of war.

The Serbian officials in Vranja made no secret of the fact that they were very angry at our humanitarian attitude towards the Bulgarians. I besought them to send the prisoners back to Bulgaria but they answered that the war was not yet over, moreover, the Bulgars had never been made to suffer for their cruel deeds. I got into serious trouble later, for when I was able to open a ward for Bulgars, I did not put a guard outside the windows, with the result that some were able to make a successful escape across the frontier, which was not far away.

Meanwhile the camps daily became more gruesome, the prisoners more emaciated and verminous but, having lately had a windfall of Red Cross stores from Salonika, we were able to dole out soap, socks and shirts and a few simple medicaments. I frequently warned the commander of the district that these prisoners were a menace to the health of the community, but nothing was done for them.

I had been expecting *pegavi* (spotted) typhus for a long time and, when the weather became colder and snow began to fall, the first case of typhus was admitted to the hospital. We were now well able to cope with an epidemic, for the hospital was in thorough working order, and a typhus ward was immediately opened. Typhus is propagated by body lice, and if patients can be freed from them before entering the ward there is no risk to contacts. A bathroom was therefore arranged at the entrance to the hospital, where the patients' precious rags were removed and taken to the disinfector which puffed incessantly in our yard, the patients were shaven of every particle of hair and carried to the nearby ward.

The danger to the nurses on bathroom duty was very great and, in spite of the highly-efficient suits, the long boots and rubber gloves that they wore, many of them were bitten by lice and six of them went

down with typhus. Not one of the bathroom staff ever shirked these duties and there was much light hearted chatter when we met together at meal-times, regarding the number of lice that the typhus sisters had caught on their persons, it was the routine to report upon the catch and the days of incubation were counted until it was known that they had escaped the dreaded fever.

The patients were nursed in wards with wide-open windows, where wood stoves blazed. They were usually delirious by the fifth day after the first symptoms and completely lost control of their bodily functions, therefore they needed constant changing and careful nursing. They were fed every hour on a mixture of brandy, sugar and egg and they were able to imbibe this nourishment without being thoroughly roused from their semi-conscious state. The medicaments were given hypodermically in a four-hourly routine, and hourly near the crisis. Whether it was due to the treatment, skilful nursing and excellent environment or to the type of infection, the death-rate was gratifyingly low.

The crisis of typhus came on the fifteenth day, when the high temperature suddenly crashed down to sub-normal and the patient collapsed and lay as one dead, we soon learnt that while there was a flicker of breath or heart beat there was hope. In no other malady have I seen cases recover which appeared to be dead, and this served to explain the grim tales told by the Serbs of how, during typhus epidemics and mass burials, live men often crawled out from the grave pits.

As soon as the typhus patients were convalescent they helped the sisters in the wards and it was a pleasant sight to see the Bulgars gently nursing British or Serbian soldiers, kindness prevailed and enmity was forgotten.

Vranja suffered heavily from *pegavi* typhus and all through February and March cases poured into hospital. The six sisters mercifully recovered, though slowly, but on 10 March, Sister Agnes Earl, who had been nursing typhus from the first, died as the result of a scratch incurred in the wards. On the day of her burial thousands of gaily-dressed peasants followed when she was carried to the hospital graveyard at the foot of a green hill, the sad tremolo of the priests' voices

mingled with the wailing and keening of the women, who gazed in wonder at the calm, dry-eyed sisters

Spring had come at last and soft puffs of wind stirred the Union Jack and the Serbian flags covering the coffin, and the scent of wild violets and basil pervaded the air. There were many long and moving orations to 'the noble Scottish maiden, Agnes, who gave her life for Serbia'. While we remained in Vranja there was hardly a day when a candle was not lit on her grave and an offering of flowers and food laid there as was the custom of the country.

At length the days began to become warmer and on 1 April, the last convoy of typhus cases was admitted. Winter and death seemed now to be behind us and, God willing, summer and life ahead.

With the coming of warmth and blessed sunshine, typhus disappeared as if by magic, and everything began to prosper and flourish. At the end of March, 1919, the first train had crept up to Vranja and a month later began to creak over dizzy, wooden bridges spanning rushing rivers, as far as Nish. Here it was met by the train from Belgrade, so now we were in communication with the rest of the world. Magical April of Serbia, lingering, fragrant and exquisite, and with it, the garden which I had never noticed became a bower of plum and peach blossom, and when the lilac opened its dusky buds it seemed like Paradise. Primroses and cowslips bloomed on the hillsides, and we walked in the valleys on carpets of white and purple violets under arches of cherry blossom. Serbian tears and lethargy gave way to smiles and activity.

Every woman began to carry her distaff as she walked along, deftly fingering the raw wool and reeling it round a brightly-painted spindle. In every home they began to dye the wool, looms were set up and the *babas* (grannies) crooned as they spun. The potters sat at their wheels, the copper workers beat the pans and the sandal-makers sewed and plaited their strips of bright leather. The tailors braided the brown homespun and the fur workers cuted the skins of the many foxes and wolves that they had caught during the winter.

With the spring it was possible to take on the work that had been waiting for us, and the typhus wards were cleared for civilian surgical cases. Operations started at eight a.m. and continued till the late after-

noon in a room which now looked like any other operating theatre. The three great windows were thrown open and a fine gauze stretched across them, through which could be seen the garden, the maize fields, the swift-flowing Morava and the everlasting hills beyond, which so much resembled the hills of home. We were a happy team, each contributing to the success of the operation. Dr Myra McKenzie, calm and gently smiling, tireless hour after hour, was the anaesthetist, Sister Durr, the quietest little theatre sister, directed her orderly, Jean Lindsay, with flicking movements of her eyes but said never a word. Avram, our brawny young Serbian orderly, lifted the patients gently in his great arms and held limbs for amputations. I found that a man was a great help in the theatre and had always been distressed by the sight of young nurses struggling to lift heavy patients.

I did the operating and was ably assisted by the keen young doctors, lately arrived from home, who were able to brief me on the latest methods, for it was now four years since I had been home. I undertook major operations which I never imagined would have fallen to my lot, and I would never have had the temerity to tackle all the specialist operations if there had been anyone else capable of doing them.

I knew that it would have been unwise and unprofitable to make surgery my life's work at home but I felt that I was fulfilling my destiny in Vranja and that I would ask for nothing better than to spend my life serving these brave and worthy people. Looking back on a long life of medical work and service, I believe that my sojourn in Vranja was the most worth-while period of my war experience and possibly of my life. It was a time of strain and of anxiety, but it was a period of achievement and happiness for us all.

The work was strenuous, the conditions were hard, but everyone seemed to be at her best and enjoyed the added responsibilities. There was a humorous, tolerant atmosphere, and this made for smooth running.

We had many unusual cases, such as gigantic simple tumours which had increased for years until they physically impeded the life of the patient. Such was the woman who had a tumour growing from her armpit, which trailed heavily after her upon the ground, it was easily removed and she became young and active after years of misery.

Plastic work was often necessary on account of the deformities resulting from neglected burns. There were hands with fingers growing into the palms, elbows and knees firmly flexed, chins fixed to chests. All these were the result of cicatricial tissue, nature's way of healing severe burns, these tissues were dissected, skin-grafts made and function again became normal. Many congenital deformities in adults, such as hare-lip and webbed fingers were repaired, and there were eye operations, mastoids and many goitres of fabulous dimensions.

Surgical operations require deftness of touch, and the qualities of a neat seamstress and a small supple hand are an asset, thus women are apt to have a certain advantage. I possessed these latter qualities at least and I had not forgotten my anatomy, though I had little experience. Nevertheless, I did my best, and nature gracefully completed my efforts.

The people of Vranja and the surrounding villages thought the result of the operations miraculous, perhaps even witchcraft, and were amazed when a congenital deformity was repaired, from ever-widening areas patients bore down upon the hospital with complete confidence that we would heal all their ills. Many cases of gunshot wounds were hurried to the hospital, for on every occasion for celebration the Serbs banged away on their ancient firearms, bullets whizzed about and the barrels frequently burst, with disastrous results. One child, when shooting hens in the backyard for a marital banquet, severely wounded a relative on his wedding-day. Many were gunshot wounds of the bowel and while it is ordinarily difficult to find the punctures, this was not so in Vranja, from each aperture the little white inquiring head of a worm always appeared as if to say, 'Here a stitch is wanted,' and this greatly simplified the operation.

There were far more cases of surgical tuberculosis than could be accommodated, and only the more urgent were admitted. Ninety per cent of the children were the subjects of tuberculous glands of the neck, and this upset my belief in the bovine theory - that children suffer thus through drinking infected cows' milk. Nobody in our district ever drank goats' or cows' milk, and a Serbian patient could never be persuaded to partake of a milk diet.

We were at last able to accept the phthisical patients who were still

languishing in Salonika and longing to get back to Serbia. The Ostrovo tents were pitched on the parade ground and rustic verandas and shelters of young fir trees erected in the garden, and soon the patients were installed and visited by their families.

On 7 June peace was signed and the Bulgars went free across the border. This was a great relief, for I had again been getting into serious trouble owing to a number of patients having escaped and was sternly reprimanded and ordered to be more vigilant. Truth to tell, I had purposely turned 'the Nelson eye', as had the night nurse, for it was more than high time that the Bulgars were repatriated.

Before I had lived for a year in Serbia, I knew it as that beautiful country for which the exiled warriors had sung with such longing '*Tamo daleko*'. It is a truism that an agricultural country recovers more quickly than an industrial one, and I saw this for myself as month by month Serbia bounded into prosperity. When a full year had passed, conditions in our district were much as they had been before the war. Nature had done her utmost and three abundant crops of maize were harvested, while the vines and fruit were all that could be desired.

The ploughing had seemed a mere scraping of the earth with wooden ploughshares. Twenty or more harvesters worked in a line cutting the maize with tiny sickles, making a multi-coloured ribbon in the distance. They worked from dawn till sunset and slept in the fields without risk of malaria. The sheaves were set down on a cobbled ring where horses, tethered to a central stake, went champing round in an eternal circle treading out the wheat. Then came the winnowing, a lovely sight, when the yellow shower was tossed in the air and fell, chaff on one side and wheat on the other. It was then riddled in small copper sieves, packed and stored in bright saddle-bags – the harvest was over.

Then followed the dancing of the *kolo* round the harvest implements, which were decorated with wreaths of marigolds, the cheerful emblem of Vranja.

When the young soldiers returned after three years' exile there was a spate of weddings and, within the year, there was not a wife who did not present her hero with a son, for in our district, at least, not a daughter was born. The Serbs saw nothing unusual in this and told me

that it had happened after all their wars invariably male infants were born to make up for the soldiers who had perished. They added that there was always a surplus of males so that all the girls could marry, and in Vranja there was but one old maid, the charming little Mirsa, who would never divulge her age, so ashamed was she of being unwed. It never ceased to astonish the Serbs that none of us were married – 'Sixty women and not a husband among you, the Skotski are a curious race!'

In the late summer there were endless invitations to christenings and to many an *ispet* (betrothal) and *svadba* (wedding) with all their fascinating ceremonies dating back to pagan times. Fertility rites, bedding of the pair and sometimes an exhibition of the linen, to prove a virginal consummation, were daily occurrences. Marriage ceremonial lasted for three days, as did the *slavas* (feast days) which were numerous. Though mainly religious festivals of the Greek Orthodox Church, some were connected with rites that stemmed from the pre-Christian era.

Several tea parties were given at the hospital in the late summer, to which groups of the townspeople were invited. The ladies of Vranja came in gay attire, adorned with their jewellery, which had been buried in the earth during the war. Could these really be the stricken people of less than a year ago?

At these pleasant affairs we all danced *kolos*, the music being supplied by a *czigani* band that had billeted itself upon the hospital, the black-eyed wizard of a fiddler played with such fervour that we could have gone on dancing for ever. He knew many *kolos*, slow, minor and Turkish, wild, passionate and Russian, and some throbbing with the spirit of *stari* (old) Serbia.

'Now you dance your ' *Skotski kolo* ', ' the guests would plead, and several sets of reels bounded up, for we were all adepts, since in the Macedonian winters we had danced to warm ourselves before going to our tents at night. 'Now the Britanski hymn,' cried the patients and guests, 'Now the Serbski hymn,' we cried and the singing was deafening. 'Now the Skotski hymn,' shouted the patients, for this is what they called 'Auld Lang Syne'. They were fascinated by the *kolo* of crossed hands, seeing in it some sacred rite, and they were not far

wrong. In any case it was the only means of getting them to go home. And now the Serbian soldier, so long exiled, was back *kod kutchi* (home) and '*dodjete kod nas*' (come to our house) was a frequent invitation. His home smiled, his wife and children smiled, his country smiled. Our dear allies, the Serbian warriors, had come into their kingdom.

### Belgrade

As autumn advanced, the sick and maimed still came from near and far, and I did all I could to persuade the Home Committee to maintain a hospital and training school for nurses in Vranja. They felt, however, that now the war was over their commitments were at an end, but they allowed me to set up a fifty-bed hospital in the town, which was placed under a local committee. Hospitals of twenty beds were also given to Vladican Han, Surdulitza and Vranski-Banja, towns from which we had received many patients. There were no Serbian doctors available but Czecho-Slovak physicians and surgeons were imported on a temporary basis and one of them was posted to Vranja.

Closing the hospital was not an easy matter, for many discovered that they had fatal maladies as soon as they heard that we were about to depart! Meanwhile, our soldier patients were evacuated to Skoplje and Nish, where there were now military hospitals, while the civilians were sent to the newly-opened Vranja Bolnitza (hospital).

Our work was now finished, and an endless procession of Serbs came to bid us a tearful farewell and to press parting gifts upon us all. The staff were left to arrange the final closing of the hospital while I hastened to Belgrade for a conference upon the future of the orthopaedic hospital, which had been installed that summer at Avala by the senior C O of the S W H, Dr Louise MacIlroy. To the regret of all, she had resigned her post after having given valuable service in France and Salonika, where she had greatly enhanced the prestige of the S W H.

I departed from Vranja most regretfully '*Do 11janja*' (farewell), '*sbogum*' (God keep you) and '*Stretchan put*' (happy journey!) they said as they kissed me, calling me '*slatki dragi mali Doctoritza*' (dear sweet little doctor), for they are an affectionate people. I was leaving my



youth behind and, for the first time, realised that *partir c'est mourir un peu*. The train still took two days to traverse the three hundred and fifty miles to Belgrade, so I set off in a Ford 'tin Lizzie' – then the best car for the execrable roads. The rivers were still unbridged, so the wider ones were crossed by pontoon and the smaller by fords.

It was found that the camp at Avala would have to be abandoned, for the wind was playing havoc with it, but there remained the central hospital in Belgrade, of which I now took charge.

The two hospitals, civil and military, were in working order, and all the Serbian surgeons were gathered there, as well as every specialist and nearly every doctor in the country, for they had the common ambition to practise in Belgrade and would not work in the villages. The nursing was most inadequate, and there seemed no prospect of improvement unless foreign help was obtained.

On every hand I met soldiers whom I had known in wartime and they proudly introduced me to their wives and children. The war seemed to be already forgotten in the excitement of the acquisition of the enemy territories which, merged together, were given the new, though historic, name of 'Jugoslavia'. The peoples of these countries, though speaking the same language, had widely different standards of education and religion, for they were not of the Greek Orthodox Church like the Serbs but Roman Catholics or Muslims, the consolidation of the kingdom would certainly present many difficulties.

Music was coming to life again, not in the war-damaged theatre but in the army riding-school, where the audience sat in horse-boxes on wooden stools and enjoyed *Madame Butterfly*, newly translated into Serbian. Many of the musicians had been our patients and the director, Stasha Binitchki, was a dear friend, he was overjoyed that the fine Serbian voices were now to be heard again in opera.

Colonel Berslav Todorovitch, Chief of King Peter's staff, and his wife welcomed me, and I met his two young sons, who spent the morning in school and the afternoon as apprentices to a shoemaker and tailor respectively, they were to join the Royal Guard like their father, meanwhile, they were learning to use their hands. Colonel Todorovitch gave me one of the three bas-reliefs of King Peter I made during the war, which is probably the only one now extant. I returned it to his

grandson, the handsome young Prince Tomislav, who, I felt, was the rightful owner, on the occasion of his marriage to Princess Christina of Baden in June, 1957

King Peter, now old and ailing, lived in a cottage in Topchidarski Brdo just outside Belgrade. In the public woods nearby there were countless nightingales. Their nightly concerts were enthralling, especially when, after a silent interval, a soloist would sing a few divine notes, then the whole choir would join in and, fading away, would be followed once again by that fabulous songster. Listening starry-eyed beside me one night was a young Serb, Bogoljub (God's love) by name, and I heard him dreamily murmuring '*Ne sretan je kum bez kuma, ne stretan je slavije bez shuma*' (As unhappy as a nightingale without a wood, so is a young man without a sweetheart)

In March, 1920, it was decided that the work of the S W H in Serbia should come to an end, as it had done many months before in France, and the personnel was gradually disbanded. The Home Committee generously voted that the vast stores of supplies, equipment, automobiles, horses and mules which had been accumulated by the hospital should be given to the Serbs, and thus helped them over a lean and difficult period.

During April, 1920, many of the Russian intelligentsia who had fled from the Bolsheviks arrived in Serbia, among them doctors, teachers and engineers. There had always been a bond between the two countries, for they were both Slavs and their language was very similar. It seemed to me nothing short of a miracle that, though only eighteen months ago Serbia had been a forlorn and barren country, she was now able to feed herself and also give employment to fifty thousand Russians. The Serbs were to benefit greatly from this generosity, for these Russians were just what was needed to develop the sleeping country, and they quickly obtained posts suitable to their professional experience.

I realised anew how quickly Serbia had got back to normal when on 25 May, a few days before I left Belgrade, the Royal Guards held a military tournament. It was a colourful and thrilling spectacle, and the children eagerly drank in the scenes of war and glory. The guards, no longer in war khaki, were resplendent in tight cherry-coloured overalls

and their sky-blue tunics with astrakhan bindings were slung over one shoulder, fur caps with white ospreys fixed to the royal cypher and gold-braided top-boots completed the dress uniform. What girl would not long to be a soldier's bride? What boy would not be a soldier?

At another function there were *kolos* led by the Prince Regent and *pesme* (epic poems) were declaimed telling not only old tales of the Field of the Blackbirds (Kossova) but also of the Battle of Kaimakchalan of 1916 and the advance into Serbia of 1918, which seemed already to have passed into history. One *pesme* told of the *comitadjis* (brigand) hero, Vuk (wolf) Popovitch, leader of the volunteer regiment, who was already a legend and inspiration during his lifetime, and had led a charmed life till he met his death leading his men to victory at the summit of the mighty mountain of Kaimakchalan. No one in that assembly knew that it was a Scotswoman who was the custodian of this warrior's helmet – bored clean through by the fatal bullet. It had been thrust into my hands, still blood-smeared and bearing tufts of the Vuk's tawny hair, by Colonel Milan Jovitchutch, who bade me guard it safely, and thus I have done. Now that Milan is no more, the mystery of why I was sworn to cherish that historic relic of Vuk Popovitch will never be solved, nevertheless, I shall yet find an honourable resting place for it in the land of the hero's fathers.

## Constantinople and the Crimea

AT LENGTH THE DAY CAME when all the equipment had been distributed and the last of the Scottish women had departed. Most of the nurses were fatigued and now that our commitments were at an end they were glad to go home, they looked forward to enjoying the comforts of life of which they had been so long deprived. It would seem luxurious to revel once again in clean cold drinking water, hot water from the tap, a W C, a bath, an armchair, well-laundered sheets and a comfortable bed.

They had weathered the campaign bravely, many willingly giving their services without remuneration, others for a mere token, they received no war gratuity, nor did they expect it though they would all need a period of rest before they took up work again.

I had intended to go straight on to Vienna to study but it so happened that doctors were urgently needed for Lady Muriel Pager's Mission for Children in the Crimea and I decided to join in the work.

The journey was through Nish and Pirot to the Bulgarian frontier at Zaribrod, and thence through the Dragoman Defile to Slivnitsa. The Bulgarian countryside was rich in maize fields and there was an abundance of tobacco plant, there were acres of scarlet poppies for the making of laudanum, plums for liqueur, vines, and fields of roses to distil for the world-famous attar. From the handsome town of Sofia the Orient Express ran swiftly to Adrianople and at last stopped at its terminus, Constantinople.

I was welcomed to the British Women's Hostel by its warden, Isabel Gordon, who had been with the Scottish Women in Ghevgheli

days While I awaited transport to the Crimea I enjoyed a brief holiday, seeing many of the wonders of Constantinople and taking part in its social life Watching polo at Buyukderi under shady trees on the banks of the Bosphorus was a pleasant change, and there I met many friends A match was in progress between the Navy and the Army, the Army team being captained by General Sir George Milne, who was much less forbidding than I had previously thought him I also found to my surprise that I knew all the players, among them the Military Secretary, Major T J Hutton Though we had met earlier we were not well acquainted, but during this short interlude I often sailed in the yacht *Marigold*, which he shared with our mutual friend, Colonel Pery-Knox-Gore, who surprised me by saying one morning in his endearing Irish way, 'I'm thinking ye have a bit of a weakness for Tom' Serbia already seemed far away while sailing and swimming in the Sea of Marmora, the Gulf of Ismid or at Prinkipo The spirit of that old rascal, Omar Khayyam, seemed to pervade the very air, and I was under a spell during those halcyon days

One day, my faithful escort took me to visit the mosques which, like a good staff officer, he had taken care to study, while apparently completely engrossed in the architecture of the Mosque of Suleiman and without preamble, he proposed to me Marriage was far from my mind and I now felt more than ever wedded to my profession, which seemed to satisfy me completely I hoped, however, with all my heart that this dear companion would soon forget me This seemed indeed very likely, for I was about to go to the Crimea for an indefinite period and he to England to the Staff College, but I had evidently underestimated the determination of this deceptively mild, quiet Englishman

The S S *Panama* slowly steamed up the Bosphorus past the opulent palaces, mosques, fortresses and gardens which bore the signs of centuries of civilisation, and all this belonged to the same Turk who had subdued Serbia for four hundred years Nevertheless, the renaissance of that down-trodden country was now at hand, and one day she would surely be a great nation

During the voyage I learnt something of the Bolshevik reign of terror from the Russians who were returning to the Crimea, many of

them convalescent soldiers on their way to join Wrangel's army, there were women in their ranks, some of whom had been severely wounded while in the front line, but they were jubilant to be returning to fight the Bolsheviks

There were numbers of Cossack soldiers on board, handsome, spare men in long-skirted black coats, their waists tightly constricted by a narrow black leather belt in the centre of which was fixed a short dagger sheath, upon their shaven heads were jauntily-poised sheep-skin caps, and their long black soft-soled boots were ideal for riding and dancing, in both of which arts they excelled

They loved to dance the Cossack '*lesghinka*', finding in it an exhilaration which could work up to a frenzy, and it was even more exciting when the hand-claps of hundreds of onlookers were added to its barbaric rhythm. The dancer first circles, his body taut and straight as a ramrod, his arms stiffly outstretched at shoulder level, his mien arrogant, he rises on his toes in his soft unblocked boots, struts around proudly, then swiftly draws his dagger from its sheath and places it between his teeth. The music becomes wilder and faster, the clapping louder, as the dancer shoots the dagger from his mouth so that it strikes tip downwards into the ground, this accomplished, the dance ends with a final triumphant swirl.

Watching these Cossacks, I used to wonder why dancing is ever considered effeminate, for surely the elation of spirit that it engenders has encouraged warriors from the earliest times. Dancing was in fact, a male preserve until the seventeenth century, and at the Court of Louis XIV the high dignitaries were expert dancers, indeed his field marshal in the intervals of campaigns was a *premier danseur*! I had often observed how dancing stirred the body and soul of the men of our own Highland regiments, and the Scottish Women had also experienced this during the bitter Macedonian winters

On the third day, the ship arrived in the great harbour of Sebastopol and berthed beside a wide flight of steps leading to the main street nearby were the old forts familiar in histories of the Crimea and in the writings of Leo Tolstoy, who had fought during the siege of Sebastopol in these same bastions

The quay was crowded with British soldiers of the Military Mission

which had been supporting the White Army and were now awaiting transport to Constantinople. The reason for their departure was that General Wrangel had advanced beyond the Crimea, which he had been obliged to do in order to obtain food for his army. The British had warned him that if he did so they would withdraw their support, its lack was a great deprivation to the White Army and was to cost them dear.

There had been many cases of cholera in Sebastopol during May but the Russians had dealt promptly with the epidemic and when I arrived in June it was almost over.

Lady Muriel Paget's Mission had been there for a few weeks and the C.O., Dr Temple Grey, was experiencing the difficulties of working in a poverty-stricken foreign country without proper accommodation or equipment. One of the messes of the departing British Military Mission was taken over as a nurses' hostel. A school building was handed over to us and became a hospital for sick children, which formed the nucleus of child welfare work in the Crimea.

Ten days after my arrival Dr Grey returned to England and I took over the mission, I sorely missed the resources of the Scottish Women's Hospitals and sighed for the tons of valuable material I had so lately distributed in Serbia. The patients were of all ages up to twelve years and no inquiries were made as to whether their parents were 'Reds' or 'Whites' - for I soon saw that not all the population was on the side of Wrangel's Army. They were lovable children and came to their strange nurses with complete confidence, lavishing caresses upon them and our visitors, heedless of their age or rank.

There was much overcrowding in the town and it was quite usual for two or three families to inhabit one room, even General Wrangel's headquarters were cramped and consisted of two rooms. One he used for conferences, the other was a living-room, where Baroness Wrangel did the administrative work of the Red Cross while her youngest child played with her doll.

What if the quarters were cramped? The sun shone and, as the temperature was pleasant day and night, everyone lived mostly out of doors. The arrangements for washing were almost nil, but the whole

population washed in the deep blue sea, and every evening thousands of naked families, burnt chocolate brown, sunned themselves on the long sandy beaches or swam far out to sea. Thus, in spite of poor nourishment and overcrowding, the climatic conditions kept them healthy.

The troops were handsome men, probably above the average, for they were the remaining patriots who had kept on fighting to retain this last fragment of their great country, the courage and tenacity of the women was beyond praise, and they either served in the hospitals or as stretcher-bearers in the field. Among them were members of the noblest families in Russia, many of whom were the lineal descendants of the prototypes who figure in the pages of *War and Peace*. Leo Tolstoy's youngest son, Sasha, a fine singer of wild gypsy songs, lived in Sebastopol at this time, and two other members of the family, the handsome brothers Tolstoy, served on the C-in-C's staff. Most of our friends had been educated by English governesses who had gone to Russia in imperial times to teach the children of the aristocracy, the women always said that any virtues or capabilities that they possessed were entirely due to those admirable ladies.

Baron Peter Wrangel was the Commander-in-Chief of the White Army and had succeeded General Denikin after the evacuation of Novorossisk. His head was shaven, as is the Cossack tradition, and this, combined with a pallid mask and pale blue eyes, made him look old, though he was still in middle age. He was tall and wore a black Cossack coat, tightly belted over his spare body, and a white fur cap, his appearance was distinguished, his manner reserved and his military ability from all accounts was of a high order. His staff and troops held him in great respect and he spent most of his time moving about on the front.

The population of Sebastopol were music lovers, and crowded to the concerts that were frequently given in the Marine Gardens, these never began before ten o'clock and went on till the early hours of the morning. Never since the spacious days in St Petersburg had so much talent been gathered in one place, and it was said that Chaliapin was the only absent member of the Imperial Opera. There was no attempt at scenery or costume, and tallow candles sufficed for lighting, in this



setting I first saw the opera, *Eugène Onegin*, with the tenor, Sabinov, as Lenski

Many members of the Imperial Ballet from the Maryinsky Theatre in Petrograd and the Bolshoi Theatre in Moscow were there, including that great *danseur noble*, Michael Mordkine, and also Laurent Novikoff, both of whom had partnered Pavlova at the Palace Theatre in London, the dancers exercised in the mornings on the sands, swam in the afternoons and gave performances late at night. The ballet-master of the Bolshoi Ballet told me he was curious to know about what he called the '*Skotski Mushki Ballet*' (the Scottish Male Dances) and wished that he could learn them. When I offered to teach him he looked incredulous till I explained that women also danced these 'male dances' and that I had done so since my childhood. Thus, to his growing excitement, he learned the Highland Fling, the Sword Dance and that most lovely dance, the *Seaan Truibhas* with which he was enchanted. 'But I see that you have the same technique as we in Russia,' said he, 'you have a well-turned-out hip and a strong high instep and I shall now in exchange teach you some Russian dances.'

He taught me among others the beautiful old court dance *Boyarski*, which was of no technical difficulty but depended more upon style and gesture, while it could be performed passably by an amateur like myself it was raised to the heights when, as I saw later, it was danced by Pavlova or Kshesinskaya.

The opera singers formed the choir of the cathedral opposite our hospital, and each day the priests, who had a compelling and tearful quality in their voices, prayed fervently, joined by the congregation, which overflowed down the steps and across the street '*Gospodi pomilui*' (Lord help us), they cried in anguish. The Bolsheviks had banished the Church from Russia but the White Army had kept to the faith of its fathers, to hear the morning and evening hymn sung by hundreds of young soldiers as it floated up to the hospital, was inspiring and infinitely moving.

The White Russians believed that if a religious revival could be started in Red Russia the country would be saved from the Bolsheviks, and with this object a band of priests set out from the cathedral carrying an ikon familiar and sacred to all Russians. We saw them walk

slowly from the cathedral and along the road leading to the front, where they passed through the White Army lines and onwards . . . nothing more was heard of them.

As the summer wore on, Wrangel advanced beyond the Crimea to a district where there was abundant food, and it was hoped that before the winter set in he would be half-way to Moscow. We eagerly awaited the result of the parley taking place between Lloyd George and Krassin at Genoa, but it soon became evident that the British Government would give no support to Wrangel. France, however, not only recognised but promised material help to the White Army.

During August the little hospital became very congested, the out-patient work increased and I began to make arrangements for the opening of centres elsewhere in the Crimea, for our supplies were now more abundant. Sebastopol had not greatly changed, according to maps and contemporary accounts of the Crimean campaign of 1854-56, and it was possible to verify this by visiting the Panorama. This was a pictorial representation in three dimensions of the siege of Sebastopol, and in it one could identify the very bastions which still stood around the harbour, the Redan, the Malakhoff, McKenzie's Farm and other strategic points of the battles were realistically represented. The military strategy of the panorama had to be explained to me but I could see for myself that the medical arrangements were most efficient. It was a revelation to note that Red Cross nurses, clothed in the nun-like garb that was still *their uniform*, were dressing the wounded in the gun batteries. The army nursing service was evidently already organised and the women were skilfully caring for their brothers in the front line at a period when ours was as yet in its infancy and Miss Nightingale and her noble band of helpers were but pioneers at the base in far-off Scutari near Constantinople.

Inkermann, which is at no distance from the head of Sebastopol Harbour along the narrow Tohernaya River, was visited, a dark, sinister village overshadowed by high cliffs which were honey-combed with caves where many of its inhabitants lived permanently. Balaklava (situated some seven miles south-east of Sebastopol) remained the same little Tartar village it was during the Crimean War. Approaching it from the land over a ridge of hills, it was suddenly seen

far below, looking like some bright sapphire in the hollow of a shell. Reality transformed the jewel into Balaklava Harbour, which seemed like a lake, for it was connected with the sea by a long, narrow, hidden channel. The bay, which had been full of sailing barques and the first steamships during the Crimean War, was now empty save for a few fishing-boats riding lazily at anchor.

Whose heart would not beat faster when walking on the green meadow over which the charge of the Heavy Brigade had been made, thus defeating the Russian attack and saving Balaklava? A small area of pasture-land, where sheep were grazing, was the site of the charge of the Light Brigade, and this did not fail to cast a shadow of the events of sixty-six years ago. Those of us who had served in the recent war could hardly believe that the front line, base and safe harbour were all within a stone's throw of each other! Lord Raglan's headquarters were situated in a nearby house on a slope overlooking the scene of the charges, it was empty and would make a fine convalescent home for the children.

The British Crimean cemetery was situated high up behind Sebastopol with a view of the bay, and the many regimental monuments were in a perfect state of preservation, the trees and shrubs were pruned, the paths swept and, though there were few if any visitors, everything proclaimed that this was 'a corner that was for ever England'. The caretaker asked me to sign the visitors' book and there I saw the signatures of 'Tatiana', 'Olga', 'Anastasia', 'Maria and Baby'. It was apparently to the murderers of these and other innocents that England was now extending the hand of friendship. Could this really be so?

Some of the royalists in the Crimea believed that the imperial family was still alive though others were certain that they had been shot two years before. There were frequent rumours that one of the grand duchesses had been seen in the town, another in Yalta, and that the Czar and his son were hidden somewhere in Russia, 'wishful thinking', said some, but others kept on hoping and spoke in whispers lest they should be overheard.

I journeyed to Yalta by sea and passed close to this glorious coast, which surpassed that of the Côte d'azur and was sparsely built over, I

returned by road most of the way on a Tartar wood cart as there was no railway in the Crimea. Yalta was a pleasant seaside town, sheltered by high hills with villas and estates in the vicinity, and there I had the promise of a house as a welfare centre. Among the hospitals was a small one for officers in the home of the aged Princess Maria Bariatinsky, who was still very active but was said to be over-strict, for she would allow no card games, no betting and absolutely no 'skylarking'!

There was a suggestion that farther along the coast at Livadia a small house might be available for the mission in the grounds of the Palace, a simple two-storey building on the shores of the Black Sea. The caretaker, who had been in the Czar's service for years, took me over the house, which he tended as if his imperial master were still in residence.

At the huge desk in the study, where a great blue expanse of the Black Sea seemed to swell into the room, the little Father of all the Russias had worked at his papers, and next door was the Czarevitch's schoolroom, with its blackboard, desk and models of ships, nearby was a modest 'English room' in fumed oak, where the imperial family daily met for tea. The simple bedroom of the emperor and empress was furnished with twin brass beds and gay English chintzes, in the spacious bedroom of the grand duchesses stood four white-painted dressing-tables in a row, but there was no sign of beds. It was explained that, in accordance with the orders of Peter the Great, the daughters of the emperor must sleep on camp beds until marriage. Where was the luxury with which the emperor was supposed to surround himself? Certainly not at this simple villa at Livadia.

Finally, my guide slowly unlocked a door and we entered a large white and violet salon, which seemed strangely cold on so warm a day. This was the boudoir of the Empress Alexandra Feodorovna, the last Czarina. Moving across the floor as if in a trance, the old man led me to a white and gold grand piano upon which lay unfinished church embroideries, the work of this tragic, mystical being. Opening the lid he requested me to play, and reluctantly I struck a random minor chord and this led me into the haunting 'Christ-Child Legend' of Tchaikovsky which melted into the strange eerie atmosphere. He waited for me to continue – did he hope that I would play the Russian National

Anthem? – but I closed the lid of that ornate instrument and regretted that I had ever touched its keys.

The caretaker seemed afraid and yet was reluctant to leave that room, and some of his fear fell upon me. Crossing himself thrice in the Russian manner, he moved here and there inconsequently as if under some compelling influence, whereas in the other rooms, intimate as they were, he had been completely at ease. Did he sense some unseen presence or was this room connected in his mind with some dark event? Was it just after all some old Russian superstition that had disturbed him? I inquired what had ailed him but he shook his head and murmured 'nyet', 'nichevo', but tears brimmed over his old eyes and he stumbled as he led me into the garden. Great damask roses scented the salty air, the blue sea sparkled and the old retainer returned slowly to normality, but there seemed no doubt that some icy hand had touched him in that ghostly room.

The Crimean air was life-giving and the coast line delectable, an unspoilt summer playground inhabited by simple people, apart from the summer residences, none of them grandiose, there was not a sign of wealth, and the soil did not produce enough grain for the sustenance of the inhabitants.

Surely some arrangement could be made for the White Army to retain this smiling fragment, all but an island, which was attached to Russia merely by the slender Isthmus of Perikop. The whole world was sick of war and the White Russians were still struggling on, but I had a foreboding that they were fighting a losing battle which would very soon plunge them into black despair.

### *The Evacuation of the Crimea*

The winter promised to be a hard one, but General Wrangel seemed confident that he could hold the Crimea and would be able to advance again in the spring. Here is an excerpt from a report made at the time.

"The outlook for the winter is depressing, for there are not enough supplies to combat the two deadly enemies, typhus and winter's cold. The troops will suffer heavily from typhus, which has started earlier than usual, and the overcrowding in the towns will account

for many civilian cases "No lice, no typhus," but there are no disinfecting plants and no changes of clothing for the troops. M. Ilne, the Russian D. M. S., calculates that seventeen thousand beds will be needed for typhus patients and that there will be three hundred thousand cases in the Crimea this winter. The White Russians, the most faithful and loyal of patriots, deserve help, for they have kept on fighting to preserve their ideals and this last remnant of their land. There will be little food, less wood and no coal throughout the winter, and many cases of pneumonia, frost-bite and deaths from exposure. The children are all underfed and many have no warm garments and neither blankets nor boots.\*

In the beginning of October I hastened to Constantinople to collect winter supplies, travelling aboard an American destroyer, my fellow-passenger being the young wife of the Ataman of the Don Cossacks, a Georgian beauty, in her colourful draperies and pillow cap and flowing veil, she looked like a dancer in the Polovtsian dances of Borodin's *Prince Igor*.

I decided to approach the Navy for help first as we had often done in Salonika, where Admiral Sir Sydney Fremantle, Commodore Keyes\* and many others, among them Admiral Sir John de Robeck, had shown us great kindness. Sir John was now High Commissioner in Constantinople and I found him as genial and picturesque an Irishman as ever, he gave me permission to buy coal, so now there would be no cause for anxiety about fuel.

There seemed no likelihood of anyone putting up the money to help the White Army unless the French did so and though they were confident that they had 'spotted a winner' in backing Wrangel, so far they had not 'put any money on him'. A return passage was arranged for me by my old friend Admiral le Bon in the French destroyer, *Toul*, which rolled swiftly through rough seas and reached Sebastopol in twenty-seven hours.

In the latter half of October there was hail, snow and a bitter wind every day but we had enough wood to last till the coal arrived.

\* Later Lord Keyes

*Extract from my diary 31 October 1920*

'Snowing hard yesterday and today A big battle going on at the front people are in a panic and some are preparing to leave Towards the end of the week the general relief was great when it became known that the White Army had retreated and was now safely back in the Crimea, the Isthmus of Perikop being narrow, it seemed certain that the line could be held In the retreat there were many casualties, including Natalia Zwiginzoff, whose brother, Dimitri, is on General Wrangel's staff, her friend, the young Countess Heiden, was with her, and after the funeral service in Sebastopol she went straight back to the front'

*5 November*

'General Wrangel said today in a public speech that the Crimea would be in a state of siege all winter and those who wished to go over to the Bolsheviks had better do so now'

*8 November*

'The cold is almost beyond endurance, Miss Faden (the matron) went out to collect material for the two nurses to take to Yalta tomorrow and, hardy campaigner as she is, she staggered in fainting from the cold A Russian transport came in today with Japanese ammunition, the *Tigre* with French supplies, and everyone is jubilant'

*9 November*

'Commander Hugh Woodward, who represents the British Navy, came to tell me not to let the nurses go to Yalta tomorrow but to give no reason for the change of plan he looks anxious but I have asked no questions and all goes on at the hospital as before'

*10 November*

'The news goes from bad to worse there are twenty-eight divisions to Wrangel's four, armoured cars and gas Wrangel came down from the front late last night and said it was all up and they

have signalled for ships of any kind and size General "Krimsky" Schlasoff has gone up to the front vowing that he will pull things together . Wrangel says the army will evacuate and attack from the Ukraine I can tell by the sounds in the street that everyone knows the news . there are footsteps, whisperings, sobbings the officers next door have gone roaring mad, the Cossack dance is being played over and over again, wilder and louder, they dance and clap, shout, stamp and as they sing they shoot zipp, zipp, go the bullets through the windows, walls and ceilings The children are all asleep and the night nurses go quietly about their duties Admiral Hope is to come at dawn '

11 November, 1920, at 11 30 a m

'Commander Woodward came to tell me to get the essentials packed, for we are to embark today for Constantinople I protested for I felt that we should stay to look after the children who had not been claimed by their parents and those who were orphans Admiral Hope has sent an order that if there is the slightest resistance we are all to be 'brought down in irons' We are the only British women in the Crimea and there are less than a dozen Englishmen including Treloar, the one British volunteer in Wrangel's Army '

The nurses were not long in packing, and they and the unclaimed children embarked at dusk in H M S *Seraph* at Steletska Bay, a few miles outside the town The sailors walked the decks with the ailing, whimpering children, dandling the babies and singing them to sleep

During this the second anniversary of Armistice Day, the very last patriots of the great Russian empire were leaving their native land forever The bay was thick with craft of every kind, and people were pouring helter-skelter on to the ships fleeing, as they had done so often before, from the murderous Bolsheviks They all knew that the enemy was at their heels, and the evacuation was therefore frenzied and precipitate At three a m., when the destroyer was crammed full, she steamed over to a cruiser, H M S *Centaur*, and we cast anchor at four a m. Signals were sent off to our agent in Constantinople, so that my



unit and the children would be provided for on arrival. Where our Russian friends were to be housed was uncertain and they were too desolate to care.

November 12 was a glorious day and now, instead of a bitter wind, there was a warm sun and a calm sea. We sat all that interminable day in groups on deck, talking feverishly, foolishly, inconsequently, trying, with little effect, to keep things cheerful. Most of the women were silent, dissolved in tears, and some were fearful about the fate of their men-folk. This very day, though the sun shone and the blue sea sparkled, the last remnant of the vast Holy Russian Empire had passed into the hands of the Bolsheviks. A sorrowful day and a historic one, though we could hardly believe that it was happening.

Travelling at full speed, we arrived at Constantinople as the sun was setting in a suffused red against which the Seraglio, the fortresses and the mosques were silhouetted. Accommodation had been arranged for the nurses and children and also for some of our Russian friends. I was welcomed to the British Women's Hostel in Pera and was among friends.

How were the 140 000 Russian refugees already on their way going to fare? The British had orders from the Prime Minister, Lloyd George, to do nothing for them. The French had officially recognised them, but the débâcle had been so sudden that no arrangements had as yet been made and there was no food for them. The White Russians were now exiles indeed.

### *The Russian Invasion of Constantinople*

Though the British had orders to give no official aid, there was nothing to hinder them helping unofficially. A committee was therefore assembled, the meetings being held in the vestry of the Embassy church, this being neutral and unofficial territory.

Money came in promptly in response to our appeal for the Russian refugees and an immediate expenditure of three hundred pounds for food was voted. That same afternoon three of us went over in an old lighter with the first instalment, consisting of rice, milk and bread. The Russian refugee ships were anchored in Moda Bay and eventually there were a hundred and twenty of them, all having arrived safely.

There were steamers, sloops, tramps, sailing brigs and even fishing-boats, the gallant little submarine, *Utka* (the duck), brought down thirty women and children inside her little body.

The wounded were distributed over the ships, but the *Pietar Regi*, a cargo vessel, carried fifteen hundred wounded, who lay in the deep hold reached by one frail ladder, in this dark fœtid pit the wounded were attended by Russian Red Cross nurses, among them our young friend, Countess Heiden.

It was amazing to think that such conditions could obtain in 1920 when within a stone's throw there were all the resources of a great European capital and the base hospitals of the British Army of Occupation. Rather than offend the Bolsheviki, it was the apparent intention of the British Government to allow these White Russian refugees to perish. Unless we claimed the title of barbarians, was it not our bounden duty to help all refugees, whether they were 'Whites' or 'Reds', friends or enemies, patriots or criminals?

As we approached the ships that terrible first day, the passengers implored us to come to them, stretching out their arms to us, for they were famished and some had not eaten since they left the Crimea. Hundreds of small boats, in which were Greek, Turkish and Jewish dealers, went from ship to ship selling loaves to the starvelings, Russian money was now valueless, so pearl necklaces, diamond rings and sables were handed over in exchange for food. Some had sold their jewels long since, so wedding-rings and even ikons were bartered for bread. It was grim to watch the pitiless dealers as they fondled some special treasure, but we were powerless to prevent this shameless trading. We distributed all our stores, a mere morsel among such a multitude, and steamed back to Constantinople in the drizzly evening feeling sick with depression and frustration.

That same evening a great ball had been arranged in aid of the refugees, for which hundreds of citizens had bought expensive tickets. The special attraction was to be dancing by two Russians to the music of an excellent orchestra. A messenger awaited me on the quay at Dolma Bagche saying that the committee had detailed the padre of H.M.S. *Iron Duke* and myself to take the place of the Russians who, at the last minute, had refused to perform. An old Russian court dress was

produced with a *Kokoshnik* headdress and veil, and just before midnight I met my partner for the first time

The padre's turn came first. Attired in Cossack uniform, with daggers in his belt and a wolf-skin cap on his head, he could have passed for a Russian and danced with agility and grace, for he was simply a born natural dancer. His '*lesghinka*' was spirited, and when he crouched round the floor in the '*presiadka*' I was amazed at his excellent performance. I followed with the lovely Russian dance in its Fokine arrangement which had been taught me in Sebastopol. Then followed our *pas-de-deux*, and we leapt together into the centre of the ballroom, dancing to the music which inspired us. Being small and feather-weight, it was not difficult for the padre to spin me about, and this seemed to please the audience, so it was repeated till I hardly knew whether I was on my head or my heels. There were wild cheers and bravos led by the Navy, and a substantial sum was collected for the refugees, and that was all that really mattered. It must have been almost the last time that the padre performed the dances, which had always been the star-turn at his ship's concerts, for very soon he became vicar of a living in England and then, alas! his dancing days were over.

Meanwhile Baroness Wrangel was arranging with all haste a four-hundred-bed hospital in the Russian Embassy, a large building in the heart of Pera. In the huge gilded rooms there were now many rows of beds, and the corridors were full of sick and wounded. There were already many typhus cases and, since the patients were verminous, there was danger of the whole hospital becoming infected and the fever spreading to the congested town. There were many Russian women nursing there, including the aged Princess Maria Bariatinsky from Yalta. The three Wrangel children ran about the hospital, the eldest, Hélène, aged ten years, interviewing inquirers in the hall, Peter, lighting cigarettes for the patients, and the baby, Natalia, stumbling about among the patients' mugs of water grasped in her grubby hands. Their mother insisted that they must take their chance, fortunately they soon left for France with their grandmother, while shortly afterwards both Madame Wrangel and Madame Shatloff (wife of the Chief of Staff) went down with typhus.

Madame Wrangel begged that the wounded might be immediately

taken off the *Pietar Regi* and Captain Treloar and I went over to the ship in the *Waterwitch*, which was specially fitted for transporting the wounded. A British medical officer was in charge and carried out the operation skilfully, but it took twenty minutes for each case to be slung out of the deep dark hold. While the unloading was proceeding I went over to the *Korniloff* to pay my respects to General Wrangel who, for political reasons, was confined to this ship. As he sat working at a table that about filled the dark cabin, the light shone down from a hatch and illuminated his shaven head and pale, gaunt face, leaving all else in the shade like a Rembrandt portrait. He wore his black Cossack uniform, a white cross at the throat, and this attire accentuated his almost unearthly appearance. He told me that he had not given up hope and had plans for the future, but I wondered how much longer he would stand the strain. As I said farewell he invested me with the Order of St Anne of Russia, which I felt that I deserved less than any single one of the refugees.

The British Refugee Committee worked on until 25 November, by which time the French had made good arrangements for the feeding and accommodation of the Russians. On the same day, we learned that, owing to the insistence of Mr Winston Churchill, the government had voted twenty thousand pounds for the care of the refugees, a British camp for two thousand refugees was therefore set up at Touzla, where there were fine British hutments and this soon became an efficient and comfortable camp.

The bathing and delousing of the women and children was undertaken by our committee, the British Army lent their disinfecting station at Haider Pasha and my nurses carried through this large-scale operation, which lasted for many days. The British soldiers on their own initiative got up a fund and fed all the Russians at the disinfecting station. A motley crowd were gathered to have baths while their clothes were being fumigated, among them Mongols, Tartars and Kalmuks, with their flat noses and obliquely-placed eyes. Each young mother had several adorable children, one in her arms, one on her back and one 'on the way', as well as some at her skirts.

By 11 December, one month after leaving the Crimea, nearly all the 140,000 refugees had been disembarked from the ships. The main body

of the army had gone to Gallipoli where the Turks gave them their mosques and schools in which to live, but as they themselves were a bankrupt people they had nothing to give but shelter. Serbia took another thirty thousand refugees, later on, General Wrangel himself was welcomed to Belgrade as an honoured guest.

Constantinople was now full of Russians, and many members of the aristocracy and intelligentsia found employment, some becoming waitresses or musicians in the fashionable restaurants, or secretaries, nurses, nannies and teachers. There was a great flexibility about these Russians, they were so adaptable that this precious quality became almost a fault. They were not all penniless and one could not help comparing their behaviour with that of the British, who did much to help while many of the rich Russians did not lift a finger to aid their compatriots.

The French made themselves responsible for many refugee camps and the situation was now well in hand. The work of our mission was therefore over and the nurses proceeded to England on home-going transport ships. I decided that before going home to Scotland I would proceed to Vienna, at that time the Mecca of Medicine and sit for a while at the feet of learning.

### *Homeward Bound*

On Christmas Eve I embarked in the Lloyd Triestino *Karlsbad*, and she steamed off as the lights were beginning to flicker in Pera. We traversed the Sea of Marmora and the Narrows by night and arrived in Chanak harbour at blue dawn, when the captain, a Yugoslav, came to say, '*Christos erodi*' (Christ is born) to which I replied, '*Istino erodi*' (He is born indeed).

As we slowly passed through the Dardanelles the captain pointed out the landmarks. There were the narrow beaches where our troops were landed and the crags up whose steep sides they had struggled, a blood-red shrub scattered profusely over them seemed symbolic of that dreadful carnage. The old collier *River Clyde* was a dramatic relic, lying foundered off V beach, where she had landed so many brave men. A Turkish lady, the only other passenger, stood close beside me weeping bitterly and, as she pointed over to Achi Baba, she murmured in answer

to my unspoken inquiry, '*Mon fils a été tué là-bas*' I linked my arm in hers and thus we stood, Turk and Scot, friend and foe, each silently grieving over the unreturning dead, until we passed Cape Helles and Anzac Cove and the peninsula faded from view

Passing close to the islands of Imbros and Samothrace, we arrived at Kavalla, which the brilliant moonlight had transformed into a cameo in black and white. We lay there that night and all Boxing Day, bathed in sunshine, and I thought of the Russian refugees in Gallipoli and Lemnos who would be warm and gaily dancing or lazily dreaming like myself

How pleasant it was to be afloat and severed from the world. The responsibilities of my war hospitals were already well behind me, the business of taking up life again comfortably far ahead. It was the first time that I had been alone for five and a half years, and that Christmas Day, basking in the sunshine, these years rolled vividly before me, a coloured film which I could touch, smell and hear

Had I been wasting my time? It has been said that no experience is ever wasted, but I did not know, and it remained to be seen. Meantime, my old post was waiting for me and I was now certain that I wished to return to it and make the subject of mental and nervous disorders my life's work

My hankering after the practice of surgery was now at rest, having been so amply fulfilled, and I was well satisfied

We left Kavalla in the evening and a few hours later the eastern face of Mount Athos appeared, the top of the mountain so floodlit with moonlight that it was reflected in the sea. Venus shone brilliantly and as we rounded the promontory the maze of monasteries appeared as clearly as in daylight. No female, not even a hen, is permitted to set foot on Athos, and by the time we had reached its western side it was not surprising that Venus had faded from the scene of such a male preserve

The dawn came up in greys and blues and Mount Olympus, majestic and mysterious, appeared snow-white until the rising sun lit its slopes in rose and gold as we berthed in Salonika harbour, now almost empty of ships. Venizelos Street had been renamed after King Constantine, whose coloured likeness smiled from every window, but there was never a one of the man who had brought Greece into the war as our ally. How fickle is the mob! The tragic death of the young King

Alexander a few weeks before had called for a general election at which Venizelos was defeated and King Constantine recalled to Greece

Taking the same route as in 1915, I passed an almost demolished Ghevgheli and on through Strumnitza and Demir Kapu to Skoplje and thence through Kumanova, Vranja and Nish. The station buildings were not yet repaired and the bridges were still made of tree-trunks but they were stronger and the trains now dared to travel by night

In Belgrade everything was shuttered and barred on my arrival, for there had been an attempt that day on the life of the Prince Regent Alexander. The followers of Bela Kun from Hungary were sowing seditious propaganda throughout the country, and it was then that I first realised that Bolshevism was likely to be a world-wide movement

I visited the Voivode Mishitch in the Wratcher Sanatorium and could barely recognise the shrunken man as the great field-marshal under whose magnificent leadership the Serbs had made the advance of 1918. He had already taken farewell of the Serbian army as they marched past the hospital, led by the Prince Regent, and died shortly afterwards

The Russian refugees were being absorbed into the country and were teaching, building roads and railways and holding medical posts. It was noble of the Serbs to receive the Russians, but they were being amply repaid for, speaking a similar language and both belonging to the Greek Orthodox Church, they soon felt at home. Most of the women were nursing babies, for in prosperity and adversity, during retreats and advances, the Serbs and Russians reproduced their species frequently and almost casually

Little Serbia had now awakened from her sleep of four hundred years under the Turk. She had survived the Balkan Wars, the great World War, and was now Yugoslavia, a mighty country. Everywhere there were signs that she was on the upward trend and was developing her universities and creating the nucleus of medical schools. Her mineral wealth would soon be exploited and she would surely become rich and powerful. Would the Serbs continue to be the same simple contented people, living so close to nature's heart? But then, happiness is not often in the plan

In Vienna, the streets were full of frightened people and Communist demonstrations were a daily occurrence. Most of my days were spent at the psychiatric clinic of Professor Jauregg von Wagner, where there was not the least hostility towards me. The staff was eager to show all the recent work, including the original and fascinating treatment of G.P.I. by the inoculation of patients with malarial parasites, the news of which had not yet reached England. There did not seem to be rhyme or reason in this fantastic treatment, but it gave excellent results and later became a firmly-established method throughout the world.

The psychiatric clinic was poverty-stricken, the bedding threadbare and the food coarse, the professors and students were poorly clad and shod, and never had enough food. The dire results of war were obvious in the hospital wards and in the streets, and I saw that the defeated Austrians and the victorious Serbs had both suffered to the limit of endurance. Surely this was the war to end wars – no nation would be so insane as ever to embark upon another.

As an offset to all the physical misery, the endless suicides, the despair, there was music of the finest quality. I spent the evenings listening to Mozartian and Wagnerian operas or at concerts given by the Vienna Philharmonic Orchestra. Often in the company of the doctors at the clinic, all music-lovers and some of them gifted amateur musicians, I realised that music and medicine together are apt to make for fine physicians.

Passing through London, it was heart-warming to see fat, rosy children in the streets and parks. How different was the lot of the unfortunate children whose countries had been invaded by the enemy, such as those I had seen in Serbia, the Crimea and Vienna!

I hurried to my parents in Edinburgh, who were overjoyed at my return, but my mother in her anxiety scolded me severely for being so thin, weather-beaten and shabby. My parents had now welcomed home from the wars all their four children, but their anxious days were not quite over, for Hamish had been sent to Ireland, where the Sinn Féin rebellion was in full cry. I went over to Belfast to be near him and



After a short holiday, I slipped back into my old post and soon I seemed as if I had never been away. The past five years might have been spent on another planet for all there was around me to recall them, but all that had happened was preserved within me and could not be forgotten as long as life and memory lasted

. . . . .

Our chief had recently been elected to the newly-created Chair of Psychiatry in Edinburgh University, the first in the British Isles, and was now Professor Robertson. This event was a matter of great pride to us all, and it gave a considerable uplift to psychiatry, which still held a humble place in the Faculty of Medicine. The speciality, however, since then has grown steadily in prestige by virtue of its achievements, and has greatly widened its horizons, which now seem almost limitless.

Meantime, the Edinburgh Royal Mental Hospital was slowly recovering from the restricted conditions of the war years, but many of the senior administrative staff had gone and Dr Yellowlees and myself were the only remaining members of the pre-war senior staff, and soon we, too, would depart.

Before many months had passed my colleague was elected Medical Superintendent of that foremost of humanitarian hospitals, The Retreat, York. Soon afterwards I, too, resigned, for I had at length accepted the proposal first made to me in the Mosque of Suleimani and repeated in more orthodox surroundings. The main problem was how to carry on my profession so as to fit in with a military career, and the obstacles seemed insurmountable. Clearly, it would be a case of 'never the time and the place and the loved one all together'. Still, if it were undertaken on a day-to-day basis might it not work out in the long run?

So we were married in the old, grey city of Edinburgh and set out together upon an uncharted voyage which has not yet come to an end.

## Spinster into Wife

THE METAMORPHOSIS OF SPINSTER INTO WIFE is not brought about automatically by the marriage ceremony or with consummation and complete physical adjustment. It is a process of mental adjustment that many find prolonged and difficult. This is so even with young women who come straight from the cushioned bosoms of their families. How complicated, then, must it be for those who have had a career, and have enjoyed a full and well-integrated life, while earning an income sufficient for their needs! Even if gloriously in love the change from economic independence to dependence upon a husband and the loss of daily contact with fellow-workers is for some a grilling experience.

Having experienced this transition at a time when career women such as doctors, teachers and civil servants were obliged to give up their appointments on marriage, I rejoice that it is now possible for married women to continue at their posts without let, hindrance or criticism.

In spite of the fact that women already had the vote, and many had recently been on active service, marriage was still a bar to salaried public health and hospital appointments. Women could, of course, take up general practice, but many wished to continue what they had been specially trained for – in my case the treatment of mental and nervous disorders. The outlook was gloomier than I had ever imagined, and it was evident that there was little or no hope of combining married life with useful and remunerative work.

My husband was as keen as I that I should continue my medical career and, indeed, considered mine of greater importance than his,

both in war and peace. He was at the time of our marriage at the Staff College, Camberley, a period when many of the students married and settled down blissfully in furnished houses, for they knew they would not have to follow the drum for two long years.

The husbands were at the college all day and worked at their exercises and plans till late into the night, for they were destined for key appointments in the army, and were studious and earnest workers. The wives were occupied with their children, productivity was high and they were young and well content. But I soon began to wonder how I should ever endure two years of what was, for me, unproductive in every sense of the word.

After a few months, however, the clouds unexpectedly parted just enough to see that circumstances seemed to be taking charge and would change the tenor of our lives. First, the Commandant of the Staff College let it be known that the students benefited greatly from residence within the college itself through daily contact at meals, conversation and informal discussions in the evening. Secondly, our furnished house, a late Victorian villa which belied its romantic name of 'Sir Tristram's' was urgently wanted by General Sir Hugh Elles, whose ailing wife wished to live there, next door to her sister-in-law, Miss Patricia Wentworth.

At the same time, curiosity led me to Harley Street and the doctor's area, which I had not yet seen. Looking in rather idly at a local house agent's, I became interested in a small unfurnished maisonette which was available on a short lease at a modest rental.

That evening we decided to let Sir Hugh have the Camberley house and to take the maisonette in New Cavendish Street, London, my husband would spend the week-ends and holidays there with me. Except during the Second World War, I was thenceforth to work continuously in London, as I still do today. I felt suddenly hopeful and eager to take every opportunity of supplementing my knowledge of mental and nervous disorders.

I left Camberley in the furniture van with our possessions, which consisted mainly of wedding presents, camped in a cold January in the house, which had been empty for months, stripped the dismal damson wallpaper, distempered it throughout and set about furnishing. These

post-war years were heydays for picking up antiques and second-hand furniture cheaply, and new beds and bedding cost little

Sara Kern, an elderly Irishwoman, came to us as cook-housekeeper and did the entire work of the house, cooking, serving and mending, and all for one pound a week. She worked by stealth, for she was rarely visible, and was at all hours neatly dressed in black alpaca, high to the neck and adorned with a cameo brooch. She had been in service all her life, having been trained in large establishments, and had learned to read along with the nursery children in her first post.

Kern was delighted when we had guests for luncheon or dinner and we were thus able to entertain well and economically. I was free to pursue my medical career if work came my way, and until then I would study at the Royal Society of Medicine, for I meant to become a Fellow as soon as I was sponsored. Kern had but one frailty just to show that she was human, for otherwise she would have been too perfect, it was just that on her two half-days a week she and her sister were wont to carouse merrily together, so that she crept stealthily into the house and went a little unsteadily to her room. Nevertheless, she was up next morning at cock-crow, clear-brained and cheerful, having ready a list of food requirements for the day. I doubt if she ever knew that I knew, and she remained with us until we left our first London home for another which was too big to manage single-handed and, as she refused to work with other people, we parted after four years with mutual regret.

The maisonette in the doctors' area was ideal as well as economical for a young consultant seeing patients in her own house, and it was a real home which my husband enjoyed at the week-ends and at the usual vacations at Christmas, Easter and in the summer. We met between our periods of concentrated study and felt we were both furthering our life-work. The arrangement seemed to suit us perfectly and added a piquancy to life, for we were ever in holiday mood when together.

Fortunately a post-graduate course was just about to begin at the Maudsley Hospital and I hastened to attend this series of lectures given by physicians who had been working throughout the war with mental and nervous patients. There had been an intensive study of soldiers who had suffered during the war from what was then called 'shell-shock'.

This term was very suitable for cases in which injuries or concussion had been due to bomb blast, in the majority, however, it was caused by the prolonged mental strain of trench warfare, with its attendant bodily discomforts, its prolonged anxieties and fears

There had been no cases of shell-shock among the Serbians, for instead of trench warfare there was guerilla fighting with major battles at intervals and long periods during which climatic conditions prevented fighting. Moreover, the Serbians were inured to suffering and hardships, to life in the open air, whereas many British soldiers were the product of generations of city dwellers who were more finely strung than men of a more primitive race

The results of shell-shock affected soldiers in diverse ways, and their ailments were no different from the early nervous and mental functional disorders that occur in civil life, if the patient is vulnerable and the strain of life sufficiently severe

Happily, in the Second World War there were far fewer cases of what was now more realistically named war-fatigue. This was partly due to the fact that, for the majority of the forces, the strain was less severe, and also because the results of war-fatigue were better understood by psychiatrists. The army, too, was better informed of its own reactions to war, and the troops received better care, training and recreation.

One of the lecturers was Sir Frederick Mott, director of the laboratory at the Maudsley which, like the hospital itself, was under the control of the London County Council. It was he who had urged Sir Henry Maudsley, a distinguished psychiatrist, to bequeath money to endow this hospital for early, recoverable, mental and nervous disorders. We visited his laboratory for lecture demonstrations, and one day he surprised me by asking in his gruff but anxious voice if I would consider undertaking a year's research in his laboratory, for which the Board of Control had given a grant of a hundred pounds. I can still feel the sense of gratitude that his offer gave me, for it brought me into the swim at my own element, I accepted with joy and began work the next day at nine a.m., leaving my home an hour earlier than usual.

I soon began to know South London and to realise its immensity.

how grim the Walworth Road was on a wet morning, sitting crowded in a bus with sad-faced office cleaners! I preferred lurching along in a tram by Kennington Oval to Camberwell Green with noisy school-children, who laughed uproariously as the tram swerved round into Denmark Hill and so to the Maudsley Hospital.

Our chief, Sir Frederick, created a paternal atmosphere. He dominated the laboratory but left his assistants to themselves, though he kept a shrewd weather-eye upon us all. These were few but well-chosen and meagrely paid, as were all pathologists and biochemists at that time. The chief saw to it that we had a nourishing meal, which he ordered himself each day, and we all sat down together at a big table, with himself at the head and the youngest laboratory technician at the foot. He grew lettuces in an allotment in the hospital grounds, made the salad dressing at table and sampled it before he passed it round, and this three-course meal followed by coffee cost us one shilling.

Scientist and patriarch, Sir Frederick was also a musician and still had a pleasant baritone voice. I sometimes played his accompaniments, and the dull dinners of the Royal Medico-Psychological Society were often enlivened by his singing of ballads and folk songs.

There was a spirit of kindness in that laboratory which filtered down from the chief through the senior technician, Mr Geary, who had been with him since boyhood and was a splendid support to him. I would hear the chief coming humbly to Mr Geary and saying, 'What do you think of this microscopic section, Charlie?' A tactful opinion would be given, for the chief's eyesight was beginning to be unreliable and his colour sense inaccurate. As in many other walks of life, the backroom boys are of immense help and encouragement to their chiefs and an important factor in successful research.

I was in daily contact with Mr Geary, who was a fine craftsman at his specialised work, the cutting and staining of microscopic specimens, and it was he who prepared the adrenal glands for me. We had many long talks, not always confined to the research in hand, for Mr Geary was ever seeking after knowledge, studying new subjects, buying books and saving in order to travel abroad. One day he told me that what had delighted him most in Monte Carlo was the superb beauty of the women. His bright eyes beamed behind his high-bridged pince-nez.

as he confided, 'Doctor, if I were a rich man, lovely women would be my hobby! Ah!' he sighed, 'there was one called "the White Dove", an exquisite being, as if belonging to another planet.' As we talked, he never stopped cutting perfect sections of the adrenal gland which I would presently minutely examine, measure and draw.

The lecturer who impressed me most was Dr Edward Mapother. His papers contained a digest of all the literature and the researches that had been made in psychiatry during the war period. They alone showed him to be a master of detail, a prodigious worker and, as I was to find later, fanatical in his devotion to the advancement of the teaching of mental disorders to students, and the treatment of patients on scientific lines.

Freudian, Jungian and Adlerian literature had become better known during the war, and had attracted a band of young psychologists to the speciality, they lacked experience of mental hospital cases but instilled something new into it, and most of them were intelligent and friendly. This course brought me into contact again with the psychiatric world, which was much smaller than it is today, when psychiatrists, both real and bogus, abound and prosper.

Dr Mapother had just then been appointed Medical Superintendent at the Maudsley Hospital, which was shortly to receive patients. This was an important appointment and a forward step in the care and treatment of the mentally ill, there were to be no legal formalities, the patients entering voluntarily as at a general hospital. No chronic cases were accepted and only those deemed recoverable were admitted.

I was therefore amazed to find that there were locked doors and padded rooms for the isolation of patients, these were in use for several years and doctors argued with me that they were quite harmless and they could not do without them. They were incredulous when I told them that there had been no such thing in our asylums in Scotland for at least a century. These custodial vestiges have happily long disappeared from the Maudsley Hospital, which has grown throughout the years and is now incorporated with London University and the Institute of Psychiatry.

One day Dr Mapother asked me if I would be willing to come on the

staff of the hospital as its third medical officer, the other two being men. It would be a whole-time salaried post and non-residential, so it seemed like an offer to enter the Gates of Paradise. Though something of a prestige appointment it was less important than any I had previously held, just then, however, it seemed almost too good to be true. My old chief, Professor Robertson, counselled me to refuse it and to begin building up a consulting practice. My old Larbert chief told me that the post was not good enough for one of my experience but he would help me by sending recommendations to the L.C.C., who made the appointments. The Gates of Paradise, however, soon clashed in my face, for my credentials were not even looked into as soon as they heard that I was married.

From that day on and in all the years that followed my Larbert chief became my friend and champion, he had, indeed, changed in a miraculous manner. Was it perhaps because owing to his lameness his youthful ambition to enter the Navy had been frustrated but had eventually been fulfilled during the war years, when he became a Naval captain in charge of a hospital? He now became kind and understanding, especially to his senior staff, who had for so long been unhappy and overstrained.

Shortly afterwards another appointment was available which had never before been offered to a woman, that of junior Commissioner in Lunacy, and I was probably the only woman with the necessary experience at that time, I was therefore rather confident when I called to see the secretary of the Board of Control. He was interested and encouraging till I told him of my married status, he then said impatiently that surely I knew that marriage was an absolute bar to any post in Government Service, and his manner changed to one of frigid politeness.

My heart sank, but I felt anger rising within me at the injustice of this ukase, and I replied in an angry staccato that it was a pity I had disclosed this heinous crime of marriage, for if I had concealed it no one would have been any the wiser. Better still would it have been to live in sin and then all posts would have been open to me. Disapproval was writ large upon his countenance as he rose abruptly, opened wide the door, and shut it very quickly after me. The result was that, as there was no



woman forthcoming with the necessary qualifications and experience, a man was appointed

These two disappointments sank deeply into my soul and I was in *peril of becoming embittered and downcast, though no one knew this but my husband, whose moral support and understanding sustained and comforted me*

An acute sense of these frustrations jolted me out of any thought of continuing to seek in vain a salaried appointment, and in time I learned to be glad of it. I made up my mind that I would take Professor Robertson's advice and try to succeed in consulting practice, using my past experience and adding to it by every available means. I realised that this would be a hard road with little or no income for some years to come but I felt I could adapt myself to this somewhat dreary prospect. Alas, however, I liked to buy books and music, now and then a picture, and theatres and concerts were meat and drink to me. Good-bye to all that now! I would sink or swim as a consultant in the speciality of mental and nervous disorders.

Meantime, I worked on contentedly in the laboratory on the adrenal research, and in due course the result of our work on 'Normal and Morbid Conditions of the Adrenals in Hospital and Asylum Cases' was published by Sir Frederick Mott and myself. I was also following the medical literature I had missed during the war years and writing *excerpts from French, German and Italian medical literature for the Journal of the Royal Medical Psychological Association*

### *The Hygiene of Marriage*

There were frequent waiting periods in the laboratory routine and when my mind was not on these elusive little adrenal glands it was on the subject of marriage. I began to write in the evenings and gradually evolved something that stemmed from my own past ignorance and difficulties and the questions patients had asked me throughout the years.

I was well aware of my limitations, for there were neither medical nor lay books which contained the information I wished to give. If the Van de Velde books published years later by Heinemann, had been available I should never have thought of *embarking upon such a book*.

now, however, I feel that there is a great need of a book such as mine for it is simple, realistic and contains essential information that is not instinctive with the human species

I was fortunate in obtaining the services of Miss Florence Jasper, a demure, elderly lady, whose sight demanded that she should peer through thick lenses at my manuscript. She made no comment upon this somewhat unusual material by word or sign but when the typescript was finished she wrote what she could not utter, saying that she had been privileged to help me in this work and that she wished the book 'God-speed' and was sure that it would help many, including two young people well known to her. She was the first to read *The Hygiene of Marriage* and her goodwill gave me confidence that others might feel as she did.

I sought the opinion of my revered chief, Professor Robertson, who made many notes and corrections in the manuscript, praised the tone and taste, the frankness and commonsense, but wrote 'all honour to you, a woman, who have written a book which should have been available to the public long ago, but I strongly advise you not to publish. You have achieved a position in the speciality and you have worked hard, you are respected for your integrity, but I feel certain that while you live you will wear a crown of thorns and only after you are dead will you be honoured for this sincere effort to help your fellow-men and -women'. This opinion alarmed me greatly, coming from one so modern, fearless and forward-looking as Professor Robertson, one who had ever been my sincere friend as well as my chief.

My present chief, Sir Frederick, did not approve of the book and was not greatly interested. He was getting on in years and felt that the public should not know too much, married couples, having got along all these years without any skilled instruction, could well do without such a book.

It may seem strange that my mentors were men but, after all, was it? My colleagues, except during the war, had always been men and my intimate women friends were still spinsters.

Dr Sydney Mann, my third adviser, helped me to improve the manuscript, and urged me to try to get it published. This encouraged me, since he was one whom we all trusted, a sterling character as well as

a distinguished biochemist I told him of my fears of its harming my medical career and asked his advice. Not a word of advice did he give but, looking at me with his frank blue eyes, he simply said, 'Do you feel that it is essential that you should give this information to the public?' I replied that I was impelled to write it, otherwise I would not have put pen to paper. 'Then you have answered the question yourself,' said Dr Mann, and at that moment we both knew I would be a coward and a shirker if I drew back at this stage.

The next step was to find a publisher, and, knowing nothing of these matters, my husband advised me to consult a certain firm of solicitors, but it was clear that the matter was distasteful to them and I was turned over to the junior partner. After some delay, I had a letter saying that they had failed to find a publisher and, though they did not say so in so many words, they seemed to think that the book was unreadable if not unprintable, they enclosed a bill for ten guineas, which I could ill afford to pay.

Realising at last that I should have to see the thing through myself, I aimed high and sent it to the Oxford University Press, who replied that they were favourably impressed but could not take the book and thought it would be very difficult to place, yet I was encouraged by their sympathetic letter. Strangely enough, I had not applied to those publishers who specialised in medical literature and since I had two copies of the manuscript I now sent it to two medical publishers.

The director of Heinemann's Medical Publications asked me to come and discuss the book as they would probably accept it, and after hearing the terms of the contract I replied that I must see whether the other firm were offering better terms. The director was almost speechless and told me that I had committed an unpardonable sin, surely everyone knew that to submit a manuscript to one publisher at a time was the invariable rule. It was only when he realised that I had acted in sheer ignorance that I was forgiven and the contract was duly signed.

In due course *The Hygiene of Marriage* was in print and I will not deny that I had many a spasm of apprehension in the watches of the night and imagined street posters announcing 'Suppression of Woman Doctor's Marriage Book'. Heinemann's showed great courage in

publishing it in that year of 1923, for there was a real risk of its being suppressed with ignominy

Today, it must seem almost impossible to believe that anyone could take exception to such a book, but the subject of the technique of marriage was then still taboo and, as far as the publishers or myself knew, it was the first of its kind to be written by a medical doctor. Nowadays, when even teen-agers nonchalantly voice their opinions about homosexuality, prostitution and artificial insemination for all the world to hear, we have perhaps gone a little too far in the other direction. Of the greatest importance to me was medical opinion, for it was written in the hope that doctors would recommend the book to their patients, and the respect of my colleagues meant everything to me. The critiques in the medical journals were, without exception, generous and understanding and they praised the unsentimental approach, the sincerity and the text-book-like writing. One or two of the magazines of the teaching schools were facetious and St Thomas's Hospital had a long amusing poem suitable only for medical eyes.

Publicity there was none of any kind and indeed the book passed almost unnoticed for some years, having only a small circulation, though it was surprising how many people wrote to me of their problems. Most of the letters came from young married people in far-off countries and each of them I answered to the best of my ability, for the problems were many, diverse and unexpected. Through all this correspondence I learned a great deal and in future editions I was therefore able to clarify the text and enlarge its scope.

The book was not advertised in the Press nor did any of the lay papers or periodicals acknowledge it, though the editor of one of the most popular daily newspapers wrote to me, 'We are sorry, but you must know that we never touch sex stuff'

#### *Out-Patients at the Maudsley Hospital*

While working in the laboratory, I got to know Dr Edward Mapother and his attractive wife, Barbara, who was a fine complement to him, though she had no training in medicine she took a lively interest in the hospital and had an unerring instinct for suggesting the right people to help him. An excellent pianist, she was one of the

earliest and best exponents of the Dalcroze method of movement to music, and this was an added bond between us. I can never think of those two without a fleeting sense of sadness, for underlying Barbara's fun, her delight in music and the dance, was the constant effort to support her husband to stay the course, for they had both known that his days were numbered. Long afterwards, Barbara told me that on the very morning of the official opening of the Maudsley Hospital he had a severe lung hæmorrhage, nevertheless, he arrived only a few minutes late, and made his inaugural speech. No one knew of his illness, for they had made their decision that, come what may, he would not let it make any difference to his life. He burnt himself out working prodigiously and lasted for about twenty years.

When, not long after his death, Barbara was stricken with a mortal malady she decided that her job was finished and with the same eager joy with which she had lived she looked forward to the approaching great adventure. The Mapothers left all they had of worldly goods to the Maudsley Hospital, to which Edward had given his heart and strength and, indeed, his life, they also left, it seems to me, something of their own enthusiasm and devotion, which still pervades the hospital they loved so well.

It was in 1923 that Dr Mapother started an out-patient department and asked me if I would care to help. He pointed out that there could be no official post or salary since the County Council would not appoint a married woman, but he would be very grateful if I would undertake the treatment of patients in the capacity of honorary psychiatrist. I was overjoyed at his offer and felt that I had at last put my foot on the desired rung of the ladder.

The out-patient department had no official staff and the work was done in snatches by one or other of the resident doctors, who were often called away for duty in the wards. For a year or more I was the only psychiatrist available for the treatment of patients, and I gave three half-days a week for over seven years to this work. Gradually a few specialists like myself came forward to help in the cramped quarters, for there was still no official staff, whereas today there are a large senior staff and spacious premises.

Up till now mental patients had never been seen by a psychiatrist in

the early stages of their illness, except, of course, those with means. Most people had a superstitious horror of 'mad doctors', as they called them, and generally compromised by consulting a neurologist, who naturally had little or no experience of mental disorders.

It was the family doctor upon whom the burden of the early mental or nervous cases fell and he had neither the time nor the knowledge required to treat them. The patient therefore stumbled on as best he could and if very fortunate the symptoms ameliorated, for the majority of those with mental illness recover, though usually somewhat slowly. If this did not happen no psychiatrist saw the patient till his admission into the mental hospital. Knowledge and experience like my own tended therefore to be limited to the mature case and there was no one to teach those about to embark on the pioneer work of out-patient treatment of the mentally ill. I had to find the way myself by patient listening and observation, hour after hour, week after week, till I began to understand the early case and its treatment. Patients came willingly and without apprehension, since it had been publicly stated that there would be no certification of patients and that the conditions of admission would be the same as at a general hospital.

Shortly afterwards I acquired a similar appointment at the West End Hospital for Nervous Diseases in Welbeck Street. It was apparently named 'West End' because the patients had faith in its situation in the consultants' area. A great many patients came from the East End, some of them speaking only Yiddish, and I soon found that I could understand and be understood in their language, which seemed to be a mixture of the old German and the Slavonic languages.

The hospital was designed for cases of epilepsy, paralysis and organic nervous diseases such as spinal affections, disseminated sclerosis, Parkinson's disease and locomotor ataxia. These, however, were in small proportion to those who were suffering from functional nervous illnesses and early mental illness, many of them no different from those I was treating at the Maudsley Hospital. The hospital had a high reputation and a staff of distinguished neurologists but as yet no psychiatrist. I served there as clinical assistant for several years.

At last, in 1925, I obtained most unexpectedly the kind of appointment that I wanted. I saw that the British Hospital for Mental and

Nervous Disorders wished to appoint an honorary consultant psychiatrist. Though there were so far no women consultants on the staff of any hospital except those that women had built themselves, I still had a compelling urge to apply for the post. Both Sir Frederick Mott and Dr Mapother advised me to have nothing to do with this hospital, which was unorthodox, almost unknown, and had no prestige. They told me that few men would think of applying. And I reasoned that they might therefore consider appointing a mere woman.

I called upon its senior physician, Dr Noble, who received me with great courtesy and, though the committee had not considered appointing a woman, I saw that he at least would not be averse to the innovation, in any case, I liked him on sight and even more so as I listened to his talk about his patients. I therefore decided to send in an application.

On the day of the interview there were two excellent men candidates, both of whom had much the same training and background as myself, and we speculated as to who would win. None was disappointed, for all three were appointed and are still active in the psychiatric field. It was at this hospital, which I left with great reluctance some thirty years later, that I found work that was preventative, far-reaching in its effects and an inestimable boon to patients and their relatives.

Meanwhile, I was overjoyed at this appointment where I would have my own clinic and carry out treatment on my own lines. No matter if the hospital was obscure and shabby, it had the distinction of having been the very first in Great Britain to treat mental out-patients.

The last four years had been something of a struggle, but now I was working at two hospitals and soon would be joining the staff of a third. My research on adrenals had been published and my marriage book launched. I decided, therefore, to take a three months' medical holiday. It seemed that my husband would be stationed in London for some years to come, meanwhile, he was going off on a military exercise and our new house was being decorated. It was a spacious, beautiful old house and we felt that we wanted to live and die in it.

We had not been without holidays during these early years of marriage, for Staff College vacations were generous and, English

money being fairy gold then, we could travel in France, Germany and Italy, and also in Yugoslavia, where I had been proud to introduce my husband to Serbian comrades of the First World War, and we had explored something of that lovely land of Dalmatia which, owing to the fortunes of war, now belonged to the Serbs.

While I had visited mental hospitals my husband had no doubt been observing the country and possibly already thinking of another European war. In the intervals we had seen picture galleries, churches and historical monuments and enjoyed music and the ballet wherever we could find it.

Now, Vienna, though still suffering from the aftermath of war, was, I found, full of music and beginning to get back its joy of life. The hospitals were shabby, but fine research was being done. I saw Professor Wagner von Jauregg's new treatment of G P I, though as yet the world did not know that it could actually arrest this hitherto inexorable malady, of which I had so much experience. Later on, the treatment became universal and successful, though mercifully, owing to the introduction of the sulpha drugs, G P I is now comparatively rare.

Perhaps the most distinguished psychiatrist in Europe during the years preceding the First World War had been Professor Emil Kraepelin of Munich. His monograph on *Dementia Præcox*, with its precise sub-divisions, though rarely read today, is still useful in describing symptoms. This malady is now somewhat loosely termed schizophrenia, but this includes a much wider type of case, many of which respond well to treatment. *Dementia Præcox* is still fundamentally as much of a mystery as in Kraepelin's day, and young and often brilliant young people are affected by it. It has insidious beginnings and the diagnosis is often obscure, for it may be years before the malady reaches maturity, and it is this illness which results in a large proportion of chronic cases all over the world.

It was with a sense of excitement that I entered the small consulting-room of this man whose works I had not only read but had helped in a small way with the translation of his great monograph into English.

He received me coldly and, staring through me with obvious hostility said



'Such lies you English have written about us Germans, for example, that we cut off enemy children's hands during the war, no, we are not barbarians!' I answered that all was fair in war and that this was the same kind of propaganda as the Germans themselves had used about us, I added that it probably originated in the fact that many children had hand injuries through playing with unexploded shells and that I had had to amputate hands in Serbia because of such accidents

He thawed a little and, abruptly swinging round on his desk chair, said

'Do you know anything about the European tradition of medicine and our great medical men?'

Pointing, then, to a large engraving, he said, 'Who is that?'

'That is the great Virchow, whose distinguished works I know,' I said, and the other two pictures I was also, by some happy chance, able to identify

'And who is this over my desk?'

'*Ich weiss nicht*,' I replied, 'and so I fear that I do not pass your examination'

He replied, with evident emotion

'That is my revered master and teacher, Dr Gudden, who perished' and as he could proceed no further I finished the sentence for him, 'who was drowned with King Ludwig the Second in the Starnberger See'

'This is a mystery that will never be solved,' said he, sadly shaking his head

After these preliminaries all was forgiven, and Professor Kraepelin began to talk of his life's work and especially about *Dementia Praecox*, the name he gave to this mysterious malady. It had in fact been first described by Sir Thomas Clouston as 'adolescent insanity', since it usually began at that time of life, but Kraepelin's naming more accurately describes the condition. There was then no method of cure or amelioration of *Dementia Praecox*, but nature in her mysterious way occasionally caused a remission stage, when the malady might be arrested for a time or, in rare cases, for ever

In the early stages, treatment, including that by insulin shock, appears to be successful in arresting the malady. Sometimes the onset

is so slow that with proper guidance the patient is able to lead a fairly normal life for many years after its first indefinite symptoms have appeared. Suffice it to say that the illness is one of gradual mental deterioration and in its early stages very difficult to diagnose as the symptoms are few and vague. At first, there is little more than a trace of apathy and indifference, a tonelessness and lack of ambition, a blunting of the intelligence so slight that only the expert realises that anything is amiss. Soon, however, a progressive deterioration takes place and the illness may thereafter take almost any form.

The courtesy and kindness received in those European clinics never failed to impress me, the medical staff, however busy or distinguished, willingly gave their time to visiting doctors, however junior, and they are still doing so, to the immense benefit of their colleagues.

## Albania

DURING THE SUMMER OF 1925, Elisabeth, Countess of Carnarvon, was searching for a doctor who would give one year's voluntary service in order to start an anti-malarial mission in Albania. The League of Nations had published a medical report on Albania, which showed that malaria was devastating its people and that nothing was being done about it, so the project was something of a pioneer effort.

Lady Carnarvon's proposed mission seemed to me unpractical and over-ambitious, but when, in the late summer, I read in the pages of the *British Medical Journal* of her appeal for a doctor I could not resist its call. If no one would volunteer for a year, I would offer three months' service, and this offer of mine was accepted. I was asked to find someone to drive the ambulance and Vera Holme immediately said she would accompany me. She asked no questions and made only one demand – that we should take with us some hard rations. Vera was an old friend and had long experience of driving over tracks and mountainous roads in wartime Serbia and was a good companion with a fine voice. In moments of frustration, or just for the joy of it, we would often spontaneously break into song, our taste being catholic, but Scottish and Serbian ballads seemed to go best in Balkan countries.

I was surprised how my heart leapt at the thought of returning to the Balkans, for I had hardly ever dwelt on my past experiences there, so engrossed was I at the present. We who had taken part in the war were trying to make new lives for ourselves, and some, like myself, had found it heavy going. I realised that it was not only pity for a suffering people that had urged me to volunteer for Albania, it was a longing to

go back to that wild countryside, to lead the primitive life and use to the full my initiative and experience

The reason for Lady Carnarvon's fervent desire to go to the rescue of Albania was that one of her sons, the Hon Aubrey Herbert, had been a staunch friend to that country, where he was so greatly esteemed that he had been offered the crown. Now, after his untimely death, she felt that the most effective way to help Albania was by establishing health missions there

Lady Carnarvon was fragile and aged, her voice a silvery treble, her face sad except when it was irradiated by a sudden young smile. I learned to know and suspect that smile, for she used it to advantage when she wanted to demand the impossible from officials and workers alike. She was delighted to secure a medical woman and a driver both of whom had experience of the Balkan countries, who made no difficulties and were eager to co-operate. We were urged therefore to proceed at once to Valona, a town on the shores of the Adriatic and second in importance to Tirana, the capital.

Supplies and medicaments were discussed, and I was assured that everything necessary would be provided. Our services were given voluntarily but expenses would be paid.

Without more ado I began to prepare for the anti-malarial mission, since I wished to start it off on the right lines. I had ample experience of the prevention and treatment of malaria, but, determined to be conversant with the latest work, I sought the advice of Dr Aldo Castellani, a brilliant worker in this field, and was bidden to come next morning to his house in Harley Street.

On leaving his room I was astonished to have to elbow my way into the hall, which was crammed with waiting patients and doctors, as were also the stairs right up to the first floor, but the receptionist assured me that this was as nothing to the numbers that often gathered there. While still young, Dr Castellani had an international reputation and a highly successful career in London, which came to an end when he became Mussolini's medical adviser during his invasion of Abyssinia. His work in the prevention and treatment of disease and tropical fevers had been outstanding, but thereafter his career in England was over.

Sir Ronald Ross, who was the first to demonstrate the malarial cycle

in the mosquito, also gave me his willing help. Though now elderly, he was still very active, and his services were in demand far and near, so that he was rarely available. However, it so happened that he was taking a whole day off to visit the Wembley Exhibition, where there was a demonstration of his early work on malaria, and he asked me to spend the day with him there. It was lovely summer weather and we wandered arm-in-arm in and out of the African 'villages' which specially interested him, and sat on a bench eating our sandwiches while he briefed me about the special problems of malarial prevention in Albania. He described the technique of spraying the marshes, the treatment of stagnant waters, the placing of the right type of fish in pools and lakes, as well as modern methods of prophylaxis and treatment of patients. Sir Ronald was not only a distinguished pathologist but a poet, a novelist and a romantic Celt, at the end of this enchanted day I went home full of enthusiasm, clutching in my hot hand a packet of butterscotch with which I had been rewarded 'for being a good listener'.

Vera and I set off with little personal luggage but large supplies of quinine and other medicaments, and the precious case of tinned foods. During the journey I told her what we would try to accomplish and she began to be keenly interested and agreed to keep the accounts and records in her fine script. At seven a.m. on the fifth morning we arrived at Durazzo and went ashore to call on the British consul, who was none other than the young Robert Parr whom we had known in Serbia. For when refused by the British army because of his eyesight, he had volunteered to join the Serbian army for the duration of the war. He lived in an old Turkish house in Durazzo, where the streets were but mud paths, the houses hovels, but the deep blue Adriatic at its feet and the grey hill behind, topped by a Turkish Fort, redeemed its squalor. Mr Parr came bounding out to meet us in monocle and topce, and the whitest suit in all Albania, and conveyed us back to the ship in the consular barge, the Union Jack fluttering in a stiff breeze.

Towards late afternoon we arrived in the bay of Valona, were rowed to the shore in a cockle-shell boat, and at once met the chief doctor for the town and district. Late that evening we saw the building that was to be our home, it was an unfinished barrack, but there were two rooms

with doors, each containing a camp bed and nothing else, not even a mosquito net! There were no facilities for cooking breakfast till we borrowed a *primus stove*. However, the Anglo-Persian Oil Company allowed us to be members of their mess until, at the end of six months, they departed. Thereafter we subsisted mainly on our tinned foods. The D'Arcy Exploration Company at Ardenitza were drilling not far from Valona and had found oil within a short distance of the Adriatic Sea, without the help of these Englishmen we should not have made such a good start or have been able to work so strenuously. We had been in Valona for a week before a woman was found to fetch water from the well, a lugubrious soul in rusty black Turkish trousers and jerkin, a black cloth on her head and on her slender feet a pair of gents' buttoned boots such as are to be found only washed up on the sea-shore. She was a good laundress and damped our clothing before ironing by squirting water through a hole in her front teeth, which made an effective, although somewhat unhygienic, spray. I had not the heart to stop so skilful a practice.

Early next morning I hurried off to discuss matters with the Mayor, Nouredin Bey, a handsome young nobleman, and Dr Ali, the chief doctor, a graduate of Constantinople Medical School. He was pleasant but apathetic and said, though with a smile, 'How shall we live, Doctor, if you chase malaria out of the country?' I suggested that several villages should be selected as anti-malarial centres but Dr Ali had not inspected any of them. On a battered map, we chose at random the village of Penkova, which he said was easily accessible by car.

That same afternoon we found that the bridge leading to the village had been broken for months, so we left our lumbering ambulance, which incidentally had no self-starter, and proceeded on foot. None of the villages around Valona or anywhere else were ever visited by a doctor, partly because there were so few doctors but also because it was only in the towns that they could make a living – so who could blame them?

Permission was given to examine the schoolchildren in Valona and also to visit the prisons, but Dr Ali laughed and said, 'Why do you bother yourself, dear colleague, about the prisoners? Many of them are condemned for a hundred years, so it's hardly worth-while.'

The Mayor gave us a gendarme, Shemkiet Dibra, who was to accompany us everywhere, for there were brigands in the vicinity and many people had been killed or wounded during the summer. Our guard spoke Serbian as well as Albanian, so we decided that he should act in the dual capacity of guard and interpreter. He was a willing lad, helpful and handy in every way except with his musket, which, though loaded, was often carried at a dangerous angle. While unloading one evening, kneeling by my feet, he discharged a shot at such close range that it burnt my face and clothes and spattered me with plaster from the wall against which I was leaning. I was certain that my head had been blown off, but called out to Vera, with a calmness that astonished me, that it was of great medical interest that I could still speak although headless.

The tales of brigands were no myth, as we saw a few days after our arrival when we met a cavalcade of gendarmes escorting a pony to which was strapped a brigand on each side – red bundles, with their gory heads lolling as the ponies trotted along. There had been a three hours' fight before they were captured, and one had escaped. They were taken to the gendarmerie court, stripped to the waist, laid on plinths, and there the Albanians came to stare or to spit venomously and pass on.

Another day, a brigand brought in the heads of two of his brother *tomtadjis* whom he had treacherously shot while they were resting in the shade of a fig tree, and claimed his reward of a hundred and fifty napoleons. That summer the infamous Miro Lamshu had been caught at last after years of brigandage. He had been captured by three peasants, and probably would never have been taken if he had not suffered from night blindness, surely a sore handicap for a highwayman. There were severely-wounded cases in the hospital the result of attacks by brigands, and few cared to go far from Valona but though we were out in the villages every day we came to no harm.

The schools, which were only for those who could afford to pay, were visited regularly and, with the willing help of the teachers, the examination and listing of the children proceeded quickly. They soon began to appreciate the value of seeing to the cleanliness of the gutters and the nauseating closets. It was found that eighty-five per cent of the

children suffered from intermittent fever (malarial attacks) and were often absent from school, while forty per cent had enlarged spleens

By the end of the first week both the prisons in Valona had been penetrated, though the first visit was hampered by an assault of fleas which rose in black clouds and settled on us as new and vulnerable material. The wells and gullies swarmed with malarial larvæ and the entire prison was verminous and insanitary, there was no hospital, so the ill and dying slept with the healthy, and everyone expectorated freely upon the ground

We taught the gendarmes and prisoners how they could easily clean and whitewash the prison piecemeal, they were eager to learn, so I called for twigs and broomsticks and showed them how to sweep out the gullies, protect the wells and dispose of the filth. Week by week they showed us their improvements, and we came to look forward to the prison clinics, where they welcomed us with cups of the strong sweet Turkish coffee (which we had already learnt to enjoy in Serbia) and brought forward for treatment those who were ill

The prisoners were not ill-treated but simply neglected, and their days were spent in a great open court, men and women together, there they lazed and gossiped away the day and no one was expected to work. They told us of their crimes, which ranged from murders provoked by family blood-feuds to brigandage and, though many were interned for petty offences, they all lived together under the same conditions

An elderly prisoner was a Muslim woman with hennaed hair and nails who was condemned for having killed a young gendarme, she had some means and was often visited by an advocate who hoped to get her free, for he was convinced that it was a *crime passionel*. Another was a pretty girl of fifteen who had murdered her baby. She was having an affair with a young prison guard and seemed in no hurry to be set free

It was not long before I realised that malaria was a problem of great seriousness in Albania, for the death-rate from it was high, and the majority of adults showed signs of anæmia and general ill-health. The condition of the children was pitiful: nearly all had enlarged spleens, since they had been infected with malaria since babyhood.

The establishment of village centres seemed to me to be of primary importance, not only for the treatment of patients but for demon-



stration purposes, and I was eager to establish them on the right lines and not too far from my base, Valona. Five villages were selected and, though their names, Penkova, Fush Dukati, Kishbarda, Peskopia, Crkovina, sounded impressive, they were just little hamlets with wattle and daub hovels which sheltered both family and animals.

Careful records were kept by Vera (the duplicates are still in my possession) so that the clinics could be continued in future years in a scientific manner. Listing was not an easy matter, since few were literate, while many did not know their own names or their ages. They therefore gave any name and age that came into their heads and a different one at every clinic. The undressing for purposes of examination was not a little complicated, for the villagers rarely took off their clothes day or night and the children were sewn into their garments. The women were in purdah, and had separate quarters which they rarely left, this accounted for much of their ill-health, and the children were far too much indoors with them.

So backward were the people, the men so lazy, the women so veiled, that I often wondered whether they were not too primitive to take part in any anti-malarial work. As time went on, however, I became heartened when I saw that they were eager to carry out our instructions when they saw for themselves that their children were becoming rosy and active. How would they react when the weekly excitement of the clinics came to an end?

On the first visit to another chosen village, Scrofofina, a group of men were sitting by the roadside playing chucky-stones and one of them called out, 'Jesus Christ, they're Americans.' He told us that he had lived in the U.S.A. for many years and was quite content to return to his village and spend his life doing nothing and living on the money he had saved in the States. He helped to round up the men and boys for the clinic and when I asked, 'Where are the girls?' he replied scornfully, 'There ain't no girls here, ma'am, they're all married by fourteen years old.'

Many things amused us and we often laughed long and loud, especially at the village clinics, where the Albanian women began to laugh with us, though at first they had never even smiled. They were, however, a drab and dreary people, the women attired mainly in black,

the men with tight white felt trousers braided in black, swinging jackets and white felt caps. They were so different from the smiling Serbians who wore gay, hand-spun, hand-woven costumes and a fresh flower in their hair. Serbian villages were primitive enough, but southern Albania seemed to have been left behind by the world, and it was difficult to believe that Valona was actually in Europe and situated on the seaboard of the Adriatic.

The country was grand rather than beautiful, range upon range of bare hills stretching away to the blue, most of the villages were Muslim (eighty-five per cent) but a few in the south were Greek Orthodox. Each Muslim village had its own mosque and a muezzin to call the Faithful to prayer from its minaret, these dignitaries helped with the clinics, shepherding the men before the women crept in with the children from their purdah quarters. Families were often large, but many of the children died young, the women never sought birth control advice but tried by every means they knew to space their pregnancies. *They suckled their youngest born for far too long and took heroic measures to produce abortions, often with disastrous results.*

It seemed that nowhere was cleanliness understood, and even the gendarmes, a fine body of men, lived in conditions of squalor. Garbage was thrown out around their barracks, their dormitories were verminous and they were unwashed, unshaven, their uniforms unkempt! They were helpful at the clinics but were often off duty on account of malaria, for they had never been instructed in its cause and prevention.

Fortunately, there was a good hospital directed by Dr Fachri, an excellent surgeon, he had graduated in Constantinople and learnt his clinical work in the same hospital in Scutari where, earlier, Miss Nightingale had nursed during the Crimean War. He was surprised when I told him that I had already made a pilgrimage there, for he had never even heard of the Crimean War.

It was from Dr Fachri that I learned something of the history and politics of the country, but the latter subject was far too involved to follow. The doctor was a feudalist, while his young assistant was a nationalist and had lately taken part in a minor revolution in which he

had played quite a noble part. He marched off with his fellow conspirators, his white felt cap on the back of his head, determined to capture Tirana, the capital, and their aim had been successfully accomplished. They approached in mass formation, each with a sapling in his hand, and, still unseen, threw their sheepskins over the barbed wire and climbed into the citadel, whereupon the doctor was able to telegraph 'Triumph Tirana' to the hospital. This manoeuvre was considered to be something new in warfare and the doctor had no idea that it had all happened before 'Fear not till Burnam Wood do come to Dunsinane'.

In the evenings, when the clinics were over, a rudimentary inspection was carried out, and it was found that wherever there was slow-running or stagnant water the anopheline larvæ abounded. There was not a single mosquito net for sale or in use in the town of Valona or even in the hospital, where there were many cases of cerebral malaria, these were therefore the means of infecting the patients not already malarious. Few were aware of the true method of infection which was through the bite of the anopheline mosquito, which operates after sundown and through the night, most Albanians thought that the fever was caused by the warm wind or by sleeping too near the ground.

Every opportunity was taken for propaganda, and I gladly co-operated when the enthusiastic editor of *Afrimi*, young Ahmed Vogshi, asked me to write weekly articles on malaria. We also concocted a pictorial poster incorporating a giant mosquito, and this was distributed widely. The poster made a universal appeal, and the villagers rushed to secure it, for it was, above all else a treasured picture and the only one that many of them had ever possessed.

Lady Carnarvon came over from her Italian home and worked with us for a time, living with scant comfort in a small hut by the seashore. Her Italian maid Cecilia, prepared the simple meals upon which she not only subsisted but seemed to derive energy and drive. She trudged with us to the village clinics, a little old lady in a well-darned black dress, a panama hat well down on her head, and plimsolls for climbing the rocky paths. She was overjoyed to see the clinics in being and felt that at last the mission was well under way. She saw as clearly as

we did that the people were in dire need of general medical attention if only for the dirt disorders, such as impetigo and scabies, that ravaged whole villages

Soon, however, the necessary day-to-day routine of work among villagers, schoolchildren, prisoners and others began to pall on Lady Carnarvon. She felt that this was slow work and that she must get things moving on a higher plane. Single-minded in her purpose, she set out for Tirana (her silver voice sounded like the tinkle of a fairy bell as she said "Ti-ra-na"). Her object, she told me, was to see the President and ask for the dismissal of the head of the medical services in Albania, for the setting up of a quinine factory, and for the use of an aeroplane for the spraying of the marshes.

In that year of 1925 a young man, Ahmed Bey Zogu, head of one of the many Albanian tribes, after much gallant fighting of one kind or another, was elected President. Later, in 1928, he became King Zog of the Albanians and so remained until the Italian invasion of Albania on Good Friday, 1939 – but all that is another story.

Most of Lady Carnarvon's requests were, in time, granted, and this was quite an achievement, since her aims were high. A mission, in order to develop, needs this lofty outlook as well as the steady routine of practical work. It was fascinating to watch this great Victorian lady wearing down the officials, so mild and gentle was she and yet so insistent and steely that she usually got her own way, no matter how unwilling they might be for reform. Was it their courtesy or their apathy, or their Eastern attitude that such pressure could not last for ever, and that it was easy to temporise? They had not, however, reckoned with Lady Carnarvon's tenacity or her ruthlessness as far as the individual was concerned, for she thought imperially and for her this seemed right and inevitable.

Our mission had met with a measure of success, even popularity, and the many deputations who ceremoniously waited upon us were warm in praise of our work. One that specially charmed me was a deputation of one, a high official, whose earnest request was that I should choose him an English wife. When I asked particulars of this delicate mission he replied, 'I leave it entirely to you, Madame, the one essential being that she must be a doctor like yourself.'

The work of the mission was begun on the evening of our arrival and continued to the hour of departure. We had worked strenuously, lived uncomfortably and, for the last half of our stay, had eaten unsuitably and sparingly, but this had had no ill effects on our health. The bright sunshine, the walking exercise, the open-air life, the swimming in a warm sea had all been enjoyed, and I felt that neither my own nor anybody else's time had been wasted. Everything had interested me and there was the thrill of starting the mission in virgin soil, of finding one's way in a new language (Tosk), though a few simple phrases seemed to suffice, the principal one being *ethet* (fever).

The last few days were occupied with typing reports for the Mayor, the Chief of the Medical Services and the Commandant of the Gendarmes, with suggested programmes for future anti-malarial propaganda and treatment. Vera busied herself with the accounts and it was found that messing expenses, the wages of our servant and gendarme, heating and lighting as well as our return fares, had come to less than one hundred pounds, which, if I had not the accounts before me, would seem quite absurd today.

All Valona seemed to be at the jetty to see us off, from the Mayor to my favourite, pot-bellied toddler, Liko Leko, a fat hen in his arms. Presents were showered upon us, many of which we only touched and then, hand on heart, handed back in the Eastern fashion, among these were tall flint locks, blunderbusses and swords, fit offerings from Albanian warriors.

There was almost a hitch at the last hour, for the money which was expected by diplomatic bag did not arrive and, as there were no banks in Valona, Vera was obliged to get money against our cheque from the shopkeepers. The main part of our cash was in two one-thousand liri notes, then a considerable sum. One of these was presented on the ship to pay our fares to Brindisi but, as the purser could not change it, an obliging passenger did so.

On arrival there we went sight-seeing in the town, and presently two *carabinieri* arrested us for passing false money and marched us up to the court. The British Vice-consul, an Italian, thought the matter was very serious for, as there had been so much false money passing, the judge was determined to make an example of the culprits. It appeared that

the courteous passenger had taken the note to the bank, where they saw at once that it was false. The Consul cautioned us not to breathe our names as we should certainly be written up in every European newspaper as financial crooks.

After much gesticulating and shouting we were acquitted, but the judge tore up the false note in open court and made us give up the other one-thousand lire note to the obliging fellow passenger. The Consul refused to lend us any money, saying that though we had the appearance of worthy women he was not sure of us. We had, therefore, to travel third-class to Rome, where it was cold and wet, and we could not afford a meal. Having hours to wait for the Santa Margherita train, we crept into the cheap seats of a cinema just in time to see Rudolf Valentino look over his shoulder while dancing a minuet in *Monsieur Beaucaire*. His acting had never meant anything to me, but he was a heaven-born dancer, and watching this strange silent charmer we forgot our gnawing hunger through two sessions of the film.

We expected to be met at Santa Margherita but instead had to count up our last few lire and bargain for a victoria to take us to Lady Carnarvon's villa, 'Alta Chiara', at Porto Fino, where we found her impatiently waiting for us and wondering what on earth had made us so late!

I knew better than to embark upon any account of our recent hardships, and for the next few hours we discussed our medical reports and suggestions for the future of the Albanian Mission. At long last, two famished women sat down to a frugal luncheon of macaroni – and no

with a sapphire sea lapping at its foot. Lovely as it all was, I longed to get home to set my own house in order and take up my new appointment. I had done my utmost for the anti-malarial mission, but now my mind was set upon London, and Albania was already receding into the past.

While Lady Carnarvon was pleased with the beginnings that had been made she was all eagerness to make plans for the future, so I promised to try to persuade women doctors to volunteer in relays

Though I wrote of the appeal of the medical work in the pages of the *Journal of the Medical Women's Federation* only one doctor was forthcoming and perhaps, under the circumstances, such service was too much to expect of qualified doctors. Nevertheless, the mission continued to thrive and was served by those who though neither doctors nor nurses were devoted workers and carried on for a number of years on lines similar to those I had begun. I answered by letter all the medical questions they put to me, for the Albanians expected the staff to know everything.

For the remainder of her life Lady Carnarvon spent her time and strength with absolute singleness of purpose on her Albanian mission. It was, for her, a Crusade, a Holy War, which she waged in the face of that apathy which is always harder to combat than opposition. Undaunted, she aimed at the highest, and succeeded brilliantly for, at length largely owing to her inspired persistence, the Rockefeller Foundation decided to set up an anti-malarial drive in Albania in their thorough, compelling manner, and with excellent results. Thus, from small beginnings in 1925, with Lady Carnarvon's faith and the perseverance of her workers, a great medical foundation was inspired to undertake a colossal task which had far-reaching effects for good upon Albania and its people.

## Two Very Different Committees

### *The International 'B' Pilot's Certificate for Women*

THE MEDICAL WOMEN'S FEDERATION, to which nearly all women doctors belong, exists mainly to watch over the interests of its own members. When, however, in March 1926, an appeal was made to the Federation for assistance in obtaining the opening of the 'B' pilot's certificate to airwomen the executive committee gladly promised its help. The question of allowing women to compete for this certificate had already been discussed at the International Air Conference in 1923 and was turned down on purely medical grounds: the sole reason given being 'The Curse of Eve' and pregnancy. Women pilots were thereby debarred from taking any part in commercial flying.

The matter was to be brought up again at the International Air Conference in Prague in three months' time, when it was hoped to refute the ruling that women should be debarred on medical grounds, for it had been conceded at the conference that there was no other reason to exclude them. The Council of the Medical Women's Federation therefore appointed a sub-committee of five women – a gynaecologist, surgeon, physician, physiologist and myself – to inquire into the subject and prepare a report. This would also be of service in connection with the certificate given by the British Air Ministry for commercial flying which was for the first time to have a woman applicant, Mrs Elliott-Lynn.

The medical report was to be ready in two weeks' time, and we were only able to have two meetings. At the first, I was appointed secretary and was requested to have a skeleton report ready for the second



meeting, when it would be discussed and completed. At the Royal Society of Medicine and elsewhere I devoured all the books and papers on the medical aspects of aviation, but the information was meagre. Today, there is a vast literature which, with the advent of jet and space flying, is becoming increasingly specialised.

Aviation then was still a young profession, for it was only in 1909 that the first Englishman flew and not till 1912 that the Services took up flying. Women were early in the field, and before the First World War Mrs Maurice Hewlett had obtained her 'A' pilot's certificate. Ballooning, however, had been taken up by women much earlier, and it is of some historic interest that in 1824 a naval officer and a Miss Stocks made a high balloon ascent, and a very quick descent! The physiological effect of this was that the man died, but the lady merely swooned, did not lose her nerve, and made ascents shortly afterwards.

Having learnt but little from the available literature, I appealed to the sole woman candidate for the British 'B' pilot's certificate and, though she had a very full programme, she agreed to come to discuss the proposed report.

At precisely the time fixed Mrs Elliott-Lynn, a tall, slim young woman, stepped lightly into my study, a large silver box in one hand, a bunch of spring flowers in the other. She seemed to bring light and air into the room. She looked the acme of fitness, femininity and smartness, and would doubtless have looked equally attractive in a Greek chiton wielding a javelin, for she was an international champion of that ancient sport. She had now decided to make flying her career, and she obviously gloried in her chosen profession and was ambitious to excel.

There was an airy arrogance about her, redeemed by an Irish sweetness, but she was quite patronising about the proposed report of the Medical Women's Federation and said that it was unnecessary. She seemed certain that she would succeed by herself in obtaining the British certificate without the help of anybody and as I listened and observed I was inclined to agree with her.

When I said that the report was also intended to advocate the grant of the international 'B' pilot's certificate to women she instantly became co-operative. She briefed me on many points, gave me an out-

line of the medical tests and told me whom to see at the Air Ministry in order to learn more about them.

Our talk at an end, Mrs Elliott-Lynn was eager to be off and, gathering her possessions together, she leapt to the door, sped along the corridor as if she had wings on her heels, threw open the heavy front door, ran down the steps and jumped into a sports car which roared down the street. Following it into the distance from my doorstep, I almost expected it to rise into the air, and found myself praying that no harm would come to this beautiful young pilot.

Major Richards of the Air Ministry said that everyone in contact with Mrs Elliott-Lynn was sure that she would pass the tests and considered her a first-class pilot. He explained that the tests for commercial pilots, which were carried out every six months, demanded physical perfection and that there was also a searching psychological and neurological examination. The medical examination showed whether there was perfect vestibular stability, good muscle-sense, quick reaction time and sufficient lung capacity. Moreover, the doctors attached to the commercial air lines were constantly on the look-out for slight indisposition so that pilots could if necessary be grounded temporarily or permanently. By these and other means the public is guarded as far as is humanly possible.

Major Richards told me that the report of the Medical Women's Federation would be welcomed by the British Air Ministry and that it would be of great assistance to Sir Sefton Brancker when he spoke on the subject at the coming International Air Conference in Prague.

The final report was completed at speed. It would be tedious to go into the medical details. Suffice it to say that authoritative statements made by leading experts were incorporated and proved that normal women were competent to fly at all times. Let us hope that the bogey of the 'Curse of Eve' has now been finally laid, for it has been brought up against women in every profession they have sought to enter.

The pregnancy objection seemed redundant for, though many women are at the top of their form at this time, few would wish to pilot commercial planes. A concession was, however, made in the report by suggesting that an examination every three months for women pilots would solve that particular problem.

The Medical Women's Federation learned afterwards that their report had played an important part in opening the international 'B' licence to women. Britain had recently bestowed its 'B' certificate on Mrs Elliott-Lynn, the French were in favour of granting it and had already some brilliant pilots such as the legendary Mademoiselle Bollard. The other nations acquiesced, with the result that at the International Air Conference in Prague in 1926 the 'B' pilot's certificate was thrown open to women.

I never saw Mrs Elliott-Lynn again but I followed her career and rejoiced at her successes. For the next few years she was literally on the top of the world and was honoured internationally. She was the first woman to 'loop the loop' and the very first person to make a solo flight from South Africa to England, she did so in a light Avro-Avian. She set up a new height record for light aeroplanes by reaching 23,000 feet, the previous record of 20,000 feet being held by Captain G. de Havilland. She made spectacular parachute jumps from tremendous heights and, though she received injuries thereby, continued to make still higher records. Later on, a crash in the U.S.A. and a consequent brain operation deprived her of much of her skill and, indeed, she never fully recovered. At times she led a semi-invalid life and when, as a result of her head injuries, she was treated temporarily in a mental hospital, some of her friends and admirers strongly objected. One of them sought my help to kidnap her, but she badly needed care and treatment at that time and fortunately their well-meant but ill-timed scheme was never attempted.

Mrs Elliott-Lynn died almost forgotten, just before the Second World War, for aviation moves swiftly and memories are short. By that time there was a body of women pilots who were making fine records in the air, and some of them played gallant parts on war service. She was, however, a legend in her lifetime and should be remembered, for by being the first woman to obtain the British 'B' pilot's certificate she thereby helped to tip the scales in favour of the opening of the international 'B' pilot's licence to women.

*The Psycho-analysis Committee of the British Medical Association  
and**Dr Ernest Jones*

During the years which followed the First World War psycho-analysis was being hotly discussed by members of the public, most of whom knew nothing about the subject. The medical profession was hardly less ignorant, which was understandable, since the first English translations of Sigmund Freud's works were not published until 1913. Then followed the war, when the general medical urge was in other directions. However, when the prolonged strain of trench warfare began to tell upon the troops some of them suffered from 'shell-shock', the symptoms in most cases being similar to the psycho-neuroses met with in civilians who are susceptible to overstrain.

Psychiatrists found that they could understand their patients better in the light of the theories of Freud, Jung and Adler - 'the new psychology' as it was then called. Though the few who were psycho-analysts began to treat such patients, it is doubtful whether any of them were analysed completely. Nevertheless, from that time onwards there was an increasing interest in psycho-analysis and, since the medical opinions were so conflicting, anxious relatives and patients sought in vain for information about this new method of treatment.

Many seemed to believe that psycho-analysis would quickly cure all mental and nervous ills, others were convinced that it was a dangerous method, frequently causing insanity as well as corrupting the morals of young and old, on account of its being partly based on a sexual theory. Only a small minority of the medical profession had as yet read Freud's works and still fewer would consider recommending treatment by psycho-analysis.

*The Times* and other newspapers were clamouring for a medical investigation of psycho-analysis, for, while the Royal College of Physicians and the Commissioners in Lunacy had discussed the matter, they had decided to do nothing about it. The International Council of Mental Hygiene appointed a committee but nothing came of it, so no authoritative statement could be given to the public.

The British Medical Association now took action, and at its annual representative meeting resolved 'that a special committee be appointed

to investigate the subject of psycho-analysis and report on the same'. A committee was appointed in 1927, the members representing a cross-section of the medical profession. Among them were general practitioners, school medical officers, psychiatrists who, though not analysts, were sympathetic, others who were frankly antipathetic, and myself as representing the Medical Women's Federation. Dr Ernest Jones spoke for the school of Freud, Dr H. Godwin Baynes for that of Jung, and there was also an Adlerian representative. The committee numbered twenty-five, most of them seniors, and there was also a formidable number of officials and secretaries round the mammoth table.

The chairman, Dr R. Langdon Down, conducted the meetings with courtesy and fairness, and everyone was listened to with close attention. The whole proceedings were carried through with a solemnity that was at times oppressive. I do not remember a single joke and hardly a smile during our meetings, which continued for three years. There was little talk after the committee meetings, which took up so much of our time that we scurried off to our cars or trains and therefore never became really acquainted with our fellow-members.

At the early meetings some members voiced their dire disapproval of Freud in the strongest terms and they were heard with respect and probably silent approbation. Soon, however, the members began to settle down in order to listen and learn rather than to criticise.

Many questions were asked and answered as they arose by Freud's exponent, and thus we began to be educated in Freudian theories. I suggested at the second meeting that a questionnaire should be sent out and was told to prepare a draft for the next meeting. Today, I marvel at its style and scope and the grouping of its forty-four forthright questions, and can only suppose that my original effort was well polished by my distinguished colleagues. The questionnaire was sent to mental hospitals, clinics and private psychiatrists and, when the answers had been scrutinised, useful information was obtained which helped in the preparation of the report.

We began by considering the history of psycho-analysis – a short one, since it was only in the 1880s that exploration of the mind was begun. Several workers, among them Myers in England, Janet in

France, Morton Prince in America and Breuer in Vienna, were all using hypnotism to help them in this investigation. Breuer found that under hypnosis the patients' forgotten memories were recovered and there was a significant improvement in their neuroses. In 1884 Breuer related this phenomenon to Sigmund Freud, who then began making similar explorations but, finding the method of hypnosis limiting, devised in 1887 a completely new method of approach. This was so novel in conception that he coined a name for it, 'psycho-analysis', and this stands both for the theories and the technique of treatment. These were evolved after many years of patient research, and it is conceded by most psychiatrists that the deductions accruing therefrom were inspired by nothing less than genius.

The material for which Freud was searching lay in what he called the unconscious mind, the existence of which must be accepted since it is the first tenet of psycho-analysis. Gradually he began to realise that the roots of every neurosis lay in the buried memories of the unconscious, and his technique was devised to expose its material. He had to invent means to uncover its contents and these can only be learned by those who themselves are being psycho-analysed. Among these devices was that of free association (the patient letting his consciousness wander and saying whatever is in his mind) and also dream analysis, for in sleep the strong resistance or repression which blocks off the unconscious from the conscious is off guard and hidden matters are revealed.

His belief in the importance of the rôle played by infant sexuality . . . . .  
 . . . . .  
 but was present in the first year of the child's life and that during its first four years lasting marks were left which influenced the child's character and future mental health. A series of developmental phases and conflicts are lived through in infancy, principally in the child's relationship to its parents, and Freud found that the ultimate source of neuroses lay in those infantile experiences which were repressed into the unconscious and therefore forgotten. He went so far as to state that the Oedipus complex (love and jealousy in regard to the parents) is the basis of every neurosis.

Such an astonishing theory was not accepted by many of his co-workers, and at this stage Jung, Adler and others broke off to form their own schools, each based on widely different theories

Questions and criticism were patiently answered by Dr Ernest Jones, and theories and facts emerged which surprised many of the members, and gradually changed their minds about the subject now that they understood it better

The ensuing report was very lengthy and was addressed to the medical profession, though much of it was not too technical for the public to follow

It cannot be gone into fully here, but some aspects were of especial interest to the patients and relatives who had been so eager to know about the practical implications of psycho-analysis. Those who expected that the cures could be magical and quick, and suitable for *every manner of mental and nervous illness*, were doomed to disappointment, for they learned that it involved long and strenuous treatment

Freud had never claimed that psycho-analysis was a panacea for all psychological illnesses, and indeed it has but a limited use in most psychoses (mental illnesses). The cases in which it is of greatest value are the psychoneuroses, neuroses, delinquencies, sex inversions, personal and social maladjustments, anomalies of character, temperament and certain other conditions

The treatment can never be undertaken lightly, and demands the full co-operation of the patient who, moreover, must be well-educated, intelligent and under the age of fifty years, since by that time there is too much material stored in the unconscious to be dealt with in a reasonable time. Freud recommended treatment for one hour daily, and estimated that the analysis should take two to three years, though in some cases it continues for much longer

This is obviously a time-consuming affair for the patient and not greatly remunerative for the analyst, since so few patients can be treated in a day. There were at this time only ten psycho-analysts in England, all of them based on London, and but four hundred in the whole world

Psycho-analysis carries no risk to mental health if carried out by a

trained psycho-analyst, but must be undertaken with adequate precautions and skilled preparation. There were those who felt psycho-analysis to be repugnant and derived from a perverted view of life but the committee was of the opinion that such an attitude carried no scientific weight.

Freud's invention of psycho-analysis was acclaimed as his own original work, the technique of which was devised solely by him, and therefore the term psycho-analyst is exclusive to those who practise his technique. The committee, however, recognised that there were other distinguished workers using the exploratory method of therapy, foremost amongst them Jung, who practised psychological analysis, and Adler, who practised individual psychology.

While the committee accepted Freud's theories, they were unable to give a collective opinion upon psycho-analysis as a therapeutic method, since it was impossible for them to follow a case carried through to its conclusion. They pointed out that the claims of its advocates and the criticisms of those who oppose it must be tested by time, experience and discussion, as in other medical matters.

It was clear that the temper of the committee had changed throughout the years for, begun in an atmosphere of fierce opposition, it ended in something like complete conversion to Freud's theories.

This metamorphosis was entirely due to Dr Ernest Jones and the manner in which he conducted what might well be called a one-man defence of Freudian psycho-analysis. This brilliant English psychiatrist was at an early age appointed Professor of Psychiatry at the University of Toronto. After much research upon the subject he decided to specialise exclusively in medical psychology of the Freudian school, and this became his life-work.

It was impressive to watch his masterly exposition of Freud's theories as, without persuasion, suggestion or charm, he proceeded to prove his belief in their truth. He spoke throughout with a clarity I have never heard surpassed, with authority and obvious sincerity. A spare, upright figure, his brooding, ivory mask pierced by glowing eyes, he never missed a point nor lost his calm, and respect for him grew as time went on. Great courage was shown not only by Dr Ernest Jones but also by Dr E. G. Glover and their colleagues in those early days, for



unjust criticism and even contumely were levelled at them by members of their own profession.

Dr Ernest Jones, in his biography of Sigmund Freud, writes

‘I was able to report my most difficult achievement on behalf of psycho-analysis, the satisfactory Report of the Special Committee of the British Medical Association, which has sometimes been called the Psycho-analysis Charter For three years I fought twenty-five bitter opponents but in the end the Report was entirely satisfactory to Freudians’

The report when published seemed to end medical criticism, while the public and press gradually lost interest in the subject Today there is a flourishing British Psycho-Analytical Society and a London clinic where it is possible to receive treatment at a modest cost Psycho-analysis has at last achieved its rightful place in the art of medicine and is used with telling effect in the treatment of suitable cases, indeed, there are some in which it is the sole means of permanent cure

There are now few psychiatrists, however archaic, who do not make use of Freud's theories, though unable, because they themselves have not been analysed, to practise the therapy of psycho-analysis His discoveries are epoch-making and have illuminated the dark mysteries of the mind, for mental symptoms which were formerly meaningless become understandable when interpreted in Freudian terms Those of us who are old enough to have worked in the pre- and post-Freudian periods are able to appreciate this to the full

Every psychiatrist who practises psycho-therapy, explanation and re-education of patients is helped by Freud's theories, even though the methods are in no way exploratory, yet the excellent offshoots of this great man's theories are being consistently used for the great benefit of mankind.

## The Ellen Terry Home

IN THE SUMMER OF 1926, Dr John Carswell, at that time the doyen of Scottish psychiatrists, asked me to come round to his consulting-room to discuss a matter that might interest me. In appearance half-high court judge, half-Scots minister, his oratory held something of both callings. In London, however, he became more the parson, and it often seemed to me as if he were preaching to the poor ignorant Sassenachs from a high Scottish pulpit. 'I cannot help leaving them a little better than I found them,' he said pawkily, and his bramble-brown eyes twinkled through thick pebbles.

Dr Carswell had recently come to London after retiring from his official post of Commissioner in Lunacy in order to be near his son, Donald, and his daughter-in-law, Catherine, both of whom were writers, but he complained that they were wasting too much time with *'that unspeakable Lawrence'*. *They had indeed been intimate with D. H. Lawrence* for years and Cathie was to be one his biographers. 'That man has a perfect passion for nakedness,' said the doctor to me, 'even when he paints or writes of rocks they have to be bare rocks.'

He asked me how I was getting on and I told him that though four years ago I had been in despair of being able to continue my career I now had plenty to do. My consulting practice was growing steadily and I was working at three hospitals, the Maudsley, the West End and the British. He was interested to hear of the last-named and said that he held it in great regard and, moreover, was deeply indebted to it.

He explained that he had read on a notice-board affixed to a dwelling house in Euston Road, 'British Hospital for Mental and Nervous

Disorders' He sought entry and was welcomed by the founder, Dr Forbes Winslow, who explained that this was the only clinic in the country for the out-patient treatment of mental disorders Deeply impressed by all he heard, Dr Carswell decided that he, too, would strive to alleviate the condition of the early mental patient He therefore began to treat such patients in the wards of a general hospital in Glasgow, a great innovation in those days as, indeed, it still is today

After much talk, Dr Carswell at last came to the point and asked me if I would be willing to take over the responsibility of the Ellen Terry Home for blind defective children at Reigate, which had been under his care for some months I had never been interested in mentally-retarded children, but Dr Carswell said so earnestly that he was counting on me, as were also the Board of Control and the committee of the home, that I accepted there and then

I thought that I should probably hold the appointment only for a short time, but I did so for the next fourteen years – in fact, until the beginning of the Second World War, when I set out for India The children were endearing and affectionate, and in time I came to feel that they were my own large family, blind and defective though they were, I became so used to their disabilities that I scarcely noticed them

The home had been opened in 1925 by Dame Ellen Terry, that great actress, still radiant in old age and universally beloved, but she was never able to visit it again Soon afterwards her health failed, and in July 1928, she died in her Elizabethan farmhouse at Smallhythe in the heart of Kent She left instructions that there was to be

'No funeral gloom, my dears, when I am gone – Corpse gazing, tears, black raiment, graveyard grimness'

The obsequies were held at St Anne's, Covent Garden and, obedient to Dame Ellen's wishes, it was a gay company in garden-party attire that gathered on a lovely summer morning on the steps and in the green graveyard of the old church In that same church her ashes repose in a small casket, and on her birthday in February of each year we of the Ellen Terry Fellowship place her favourite flowers, daffodils, beside it On the anniversary of her death the great ones of the theatre who

acted with her, and the young actors and actresses to whom she is but a legend, gather to do her homage in her own ancient barn at Small-hythe, now a theatre, where a programme is carried through and an oration given each year in her honour

The Ellen Terry Home was founded after many difficulties by a group of idealists, most of them Theosophists, who were already deeply involved in developing social clubs for the blind. Finding that there was no special provision for blind defective children, they decided to provide for their care and training. This was indeed pioneer work for, though there were homes for blind normal children and also for retarded children, there was none for those with the double deprivation.

A Victorian house set in a large garden was acquired, altered and equipped to meet official requirements and yet keep its home-like atmosphere. The founders had ideas of their own for the training and treatment of the children, and in their programme orthodox medicine had little or no part, the diet was vegetarian and treatment was given by chiropractors. The Board of Control, which was responsible for the inspection of the home, soon felt it their duty to appoint a psychiatrist to pay regular visits and be responsible for the medical care and training of the children. This was Dr Carswell and, following in his footsteps not without misgivings, it seemed to me that the situation both for the doctor and the children was bristling with difficulties.

Though the committee was disappointed that the régime they had put into practice so enthusiastically could not be continued, they adapted themselves to the new conditions and bore with me patiently. It could not have been easy for them to be so tolerant, for they had deeply-rooted convictions and were against such measures as vaccination, *prophylactic inoculations* and other medical measures that had to be undertaken.

They took an affectionate interest in the children and saw them at least once a month when, at the home committee meetings, the matron, teacher and I gave detailed reports. Their hopeful outlook and idealism added greatly to the success of the project and helped to create a harmonious atmosphere.

The local authorities concerned gave a grant for each child, but this

did not cover the current expenses nor pay for the house and its upkeep. The balance came from the pockets of the founders and their friends, though sums were also raised by holding Daffodil Flag Days in London and various towns in England and Wales.

I set aside one day a week for the home but made many interim visits and spent hours with the children in the play-room, school or dining-room, often playing the piano as they danced or drilled. In this way I could observe faults in their gait, posture and movements which were later corrected by remedial exercises.

Soon after my arrival, the committee appointed a matron, Miss E M Cooke, whose work among nervous and backward children I had admired at the West End Hospital. The teacher, Miss Browning, had taught blind normal children, but had no experience of the mentally retarded. A technique of training and medical routine was therefore worked out by these two devoted women and myself. Methods were tried and discarded but, after many disappointments and mistakes, a programme was evolved elastic enough to be adapted to the requirements of each child, yet basically suited to all the children.

Many when admitted could not walk, talk or feed themselves. Some were undernourished and very frail, so they were nursed in bed, their muscles massaged and passive exercises carried out until they were strong enough to begin making voluntary movements. Training in regular bodily habits was begun on the first day and it was often a painstaking task before success was achieved. They were taught to feed themselves, to dress and later to wash and brush their teeth. All these actions are obviously more difficult for a blind than a sighted child, and learning to walk is complicated because it takes longer before the sense of balance is acquired, after which the child must learn to negotiate obstacles. No mother looked for her baby's first smile, word or attempt to walk, more eagerly and hopefully than did the staff, for some of the children did not walk and talk till the age of four, and a few even later.

Some of the children made little headway by schoolroom standards yet they improved and developed in other ways. Handwork helped to make their fingers more sensitive, while drill, games, acting and singing enthralled them. It was a moving experience to watch these sightless children smiling, chuckling and reacting to their inward pleasure.

In time they became jolly, romping children who enjoyed each other's company, whereas in their own homes they would have been imprisoned within themselves and lonely, since sighted children would not care to play with them.

Their sense of touch was trained by every known device, beginning with Montessori apparatus, later came modelling, knitting and hand-work. Their sense of hearing was acute, though preliminary training was needed before they could recognise the various sounds, and their memory for words and music was prodigious. The rain on the window-panes, falling leaves, swaying branches, gave them acute pleasure, the radio and gramophone delighted them. Wheeled traffic and aeroplanes were enjoyed and later when bombs and guided missiles came over they gloried in the hideous noise. Their sense of smell was exquisite and the scent of flowers delighted them so much that each was given a bulb in a pot, and every day they sniffed its fragrance and felt its growth with their gentle fingers.

Special emphasis was placed on diction. They were taught to speak correctly from the first, and baby-talk was taboo. Talking usually came late, and here our allies in teaching were the older children, for each adopted a younger child and kept on repeating the words until they were learned. Our visitors were always impressed by their diction and often asked if they were actors' children since they spoke so beautifully. It seemed very important to concentrate upon training all the senses in order to make up for the lack of sight.

A garden party was given each year, and the children entertained the company, which included their beaming families, as well as a wide circle of friends and supporters. Without the least shyness they performed little plays, singing games and dances arrayed in fancy costumes made at the home, though unseeing, they knew their colour and texture for they always liked to speak of what they had 'seen'.

Alas, there is no known medical treatment which will accelerate the development of mentally-defective children, but every method was used to keep them in the best physical health and in a calm state of mind. Gland extracts were given where necessary and vitamins in abundance, both fresh and in extracts. They responded to fresh air and sunshine and were calmer and slept better when they had been out

most of the day. The regular routine, the nourishing diet and the happy atmosphere all helped in their development.

In the early years the children were accepted on the recommendation of local authorities, who often sent unsuitable cases for training. Later I saw all the children and their parents by appointment in London, I had much to learn about the potentialities of the blind defective child and, though at first I made many mistakes, I gradually came to know which of them were suitable for training.

There was a rule that children under two years of age were not to be admitted, but experience proved that it was of the utmost importance to begin training as early as possible. The rule was rescinded and we were then able to obtain a suitable type of child at the right age. Great was the relief of the mothers when their children were accepted, for the task of looking after them had been heavy and some were on the verge of collapse. Many a mother lost heart and neglected her child, leaving it sitting on the floor or a bed without proper nourishment or attention. The rule that we could not keep children after the age of twelve was also set aside, since we found that there was hope of further development after that age.

At this stage the committee built a house in the garden specially adapted to the needs of nursery children. Glass doors telescoped the entire breadth of the rooms to let in the maximum of fresh air and sunlight, there were spacious verandas, and no stairs to negotiate in this beautiful new 'Daffodil House'.

The founders visualised the establishment of a colony where blind defectives could remain for life, but the war put an end to this project. It is now unlikely that such a colony will ever materialise, for the original committee is dispersed and the home was amalgamated in 1948 with a group under the National Health Service.

Not all the children reached the desired standard, but many were able to return to their homes as helpful members of the family and one girl stayed on at the home as music-teacher. One boy, after two years' training, was promoted to a blind normal school, and some went on to schools for slightly retarded children. A girl who had come to us in babyhood reached a normal standard not only of intelligence but of sight, her blindness being due to late brain development, when this

condition improved the sight became normal, since the eyes were not at fault

Doctors and welfare workers came to see the home from all over England, Europe and the U S A Dame Ellen Terry's daughter, Miss Edith Craig, visited at intervals and showed remarkable understanding of the children Members of the committee often brought visitors, and one summer afternoon Mrs Annie Besant, the leader of the Theosophists, came to see the Home There was an unexpressed hope in the air that she might be able to influence the children's development I had seen her powerful influence upon audiences, for she was an inspired orator, a spell-binder as well as an impressive and beautiful figurehead I had therefore an open mind about her powers and indeed hoped that she might suggest some special approach

In white bishop-like robes, a jewelled cross upon her breast, and crowned by curling white hair, she was still in old age vital and attractive The children, who were perfectly natural with visitors, were strangely excited, restless and a little breathless during her visit Was it indeed that something of herself was communicated to them? There were those who hoped that it might mean an awakening of slumbering powers in the children I believe, however, that it was simply due to her ringing, musical voice, so different from any they had heard, and that they sensed the expectant atmosphere pervading the home

Years later I made the acquaintance in India of an aged little rajah who lived in an old English villa in Simla called 'Strawberry Hill' He told me that he had been secretary to Madame Blavatsky when she lived in India, and described magical happenings which he had seen taking place in that occult lady's presence He had witnessed the levitation of furniture and the finding of long-lost objects He told me that at that time Mrs Besant was sitting at the feet of Madame Blavatsky, and he thought that she, too, had occult powers but had not fully developed them He continued, 'How lovely Annie was in those far-away days! Her face was that of an angel and her hair flew like molten gold in the wind as she ran about the Simla hills' He smiled tenderly and was lost for a while, dreaming of days that were gone.



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It had been possible to study these children intensively and each week I had made detailed notes. Individual daily reports had been kept by both matron and teacher so that the life-history of each child was fully documented. The conditions of their home-life, the family history of their parents and siblings, most of whom I had interviewed, had been investigated.

I felt morally obliged to put all my observations and deductions on record for the benefit of the medical profession, especially for those who might carry on research on the subject. Much that I had observed was novel and astonishing to me and if, indeed, such curious phenomena had ever been observed by others, they had never been put on record.

No treatise or article on the subject of the blind mentally-defective child in English or any other language was unearthed after assiduous research in medical libraries. I therefore wrote a lengthy monograph incorporating many tables and containing all that I had learned during fourteen years about this group.

This was not only an inquiry into the etiology, but also a guide to the training and medical care of the blind mentally-defective child. It was not a practical proposition to publish the monograph in book form because of the high cost and the probably small circulation. It was, however, well presented in typescript and has been deposited for reference in certain medical libraries throughout this country and in America.

## The British Hospital for Mental and Nervous Disorders

UNTIL COMPARATIVELY FEW YEARS AGO no public hospital existed for the early mental case, and the first step in diagnosis was made by the doctor who certified that the patient should be sent to the local county or borough mental hospital. One certificate was usually signed by the family doctor, the other by a physician with no special knowledge of mental illness who most probably had never seen the patient before.

The state, indeed, was only concerned with mental cases whose condition was such that it was necessary for them to enter a mental hospital for their own safety, or the safety of others. People, however, do not suddenly become insane and the symptoms are usually present for weeks or months before the illness shows itself plainly, it is during this period that much can be done for the patient without his having to enter hospital.

When the British Hospital was founded in 1890 by Dr Forbes Winslow, a distinguished neurologist, he hoped that some day beds would be added and that it would also function as a voluntary hospital for the treatment of early mental cases. It was the first of its kind, and indeed for the next twenty-five years it was the only clinic in England where cases of mental disorder were treated in an out-patient department. When my two colleagues and I joined the staff in 1925 there were, however, *as yet no beds*. Several attempts had been made to collect money to provide them but the effort had been given up as

hopeless, for the public had no intention of subscribing for the treatment of the mentally ill, and shrank from the very thought of providing hospitals for them

This was probably due to fear of mental illness and the belief that it was incurable. Many had and still have a fantastic picture of mental illness derived from something like Charlotte Brontë's sinister creation who lives in the pages of *Jane Eyre*. They imagine that the mental case is somebody to be afraid of, whereas the very reverse usually obtains, for it is he who is afraid, while he may do harm to himself, it is seldom, hardly ever, that he harms others.

Mental disorders are recoverable, and provided the subject does not lead an overstrained life, may never recur. Because they come too late for treatment, or are suffering from a special type of mental illness which is still an unsolved mystery, some cases become chronic. But even they are able to enjoy a life of limited activity, they may even have unexpected remissions when, for a time, they return to their normal.

Those suffering from mental disorders should be regarded as in no way different from patients afflicted with physical illness. \* If people could only realise that the term mental illness covers more than just those cases treated in mental hospitals they would not shrink from it as they do. The physical and the mental react intimately upon each other, and if this were recognised people might lose their superstitious dread of insanity and think of it as a general illness. It must be realised, too, that mental states vary widely according to the temperament of the patient. What is normality for one is illness for another and the symptoms must be judged in the light of the habitual life and conduct of the individual.

The British Hospital funds were so meagre that the clinic had to be carried on with the strictest economy. It was administered by a practical committee for less than one thousand pounds a year, which included the salaries of two young secretaries and a part-time dispenser. The patients themselves contributed by dropping many a coin into the collecting box, and there were some faithful annual subscribers, the remainder was obtained from collecting boxes placed in

\* This has been dealt with in my book *Mental Disorders in Modern Life*

public houses and bars in London, and these brought a generous return

The committee finally decided to give up the idea of beds and concentrate upon out-patients, for they deemed this to be the most helpful work for the greatest number. I soon saw that they were right and, with the passing years, this became still more evident. There were some five hundred new cases each year with a total of six thousand attendances. Patients attended regularly until they recovered or, if not fully restored, were given supportive treatment and seen at intervals. They had confidence in their doctors and knew that they could come to the clinic in any crisis, its staff was their prop and stay and served to keep them free from anxiety, enabling them to continue their work and lead a fairly normal life.

Many early cases came to the clinic which, without treatment, would very likely have developed so that they would have had to enter a mental hospital. They often came in fear and trembling, but usually the very first consultation relieved them, and it was without apprehension that they returned for further treatment. Many such patients recovered with intensive treatment in a few months, meanwhile, they were encouraged whenever possible to continue their usual work and household tasks.

Not all the cases responded to out-patient treatment and for some there came a day when they were advised to enter a mental hospital. They had meanwhile learned in the course of treatment a little about the nature of mental illness and therefore were not averse from going to hospital, nor were they ashamed to do so. The transfer to the mental hospital was rendered much easier and more pleasant by the beneficent Mental Treatment Act of 1930, whereby they could become voluntary patients, free to enter and to leave the hospital when they wished. The treatment within the mental hospitals was, on the whole, very good, though everywhere there was serious overcrowding, the psychiatrists understood the fully-developed case but did not give their spare time to working in out-patient clinics, where there were as yet no official posts.

Such out-patient work as there was had therefore to be carried on by honorary physicians, and when we three psychiatrists joined the

staff of the British Hospital in 1925 we were the first with the requisite training. Those who had served the clinic for the previous thirty-five years were general practitioners, humanitarians with very special qualities who had observed the sufferings of early mental cases and knew that they could have no treatment until they entered a mental hospital. They were men of the utmost compassion, and had learned much about the beginnings of mental illness.

They welcomed us with open arms and hoped that we would gather round us other psychiatrists so that they themselves could retire gracefully. We were soon fortunate in being joined by Dr Marjorie Franklin and Dr Hilda Weber, both of whom had specialised knowledge of psycho-analysis, and by six male colleagues. Some of the men left when they obtained posts in teaching hospitals but they were quickly replaced by others, for the medical profession seemed by now *to have accepted our hospital as one to be respected*.

Of the three hospitals at which I worked, this shabby one, with which I had been advised not to associate myself, seemed to me to be giving the most valuable service. Perhaps this was because the clinic was small and quiet, and the patients were welcomed by a gentle young secretary who wrote down little more than their names and did not submit them to a barrage of questions. The waiting-room was cosy and they felt at home chatting with the other patients, for there was no efficient sister to keep them seated in serried rows, naturally this discipline is necessary in large waiting-halls but it has an intimidating effect upon the super-sensitive. Every patient was seen by one of the staff, whether they had a doctor's recommendation or no, quite often they came on the advice of a relative, or of a neighbour who had been 'cured' at the British Hospital.

Now and then men and women would arrive in a frantic state of fear, anxiety or despair. These people were never kept waiting, for the secretary learned to bring them to the doctor at once, when they would whisper, 'Am I going off my head?', 'My head will burst,' 'I'm going to gas myself, or jump into the Thames.' These were utterly different from the melancholic patients, who rarely disclose that suicide is in their minds but whom psychiatrists are constantly on the alert to preserve in life, for they are essentially recoverable cases.

These frantic people, on the contrary, were suffering from a sudden severe mental shock, caused by some recent grievous blow of fate, and we knew that if they could be tided over for a short time all would be well. They had, perhaps, failed in their examinations, a love affair had suddenly gone wrong, or a bereavement had been suffered, some were girls who had 'got into trouble', or who thought that they were pregnant. Such is the impact of the mental upon the physical that in some of the latter cases their terror had delayed the normal physiological process, the cessation of which is the first sign of conception. In one way and another these unhappy people were helped and the immediate promise that they would be supported through their troubles so relieved them that they usually became willing and rewarding patients.

Numbers of elderly patients, shrunken in body and fading in mind came to the clinic, their condition in some cases aggravated by vascular changes with consequent high blood-pressure. A certain amount could be done towards delaying the senile progress and they attended therefore at stated intervals, happily much more is done for such patients today. Geriatrics is a new speciality which has been developed for the study and care of the aged and, where possible, their rehabilitation, while a percentage of beds is now set aside for the senile in many general hospitals.

There were many who came suffering from neuroses, which frequently took the form of phobias and fears, obsessive thoughts and impulses. Nearly everyone has experienced in some measure both a phobia and an obsessive impulse, for they have a great deal in common with normal life. Many know the feeling of uncertainty as to whether they have shut the front door or turned off the gas and water taps, and they return to make sure they have done so. There are many other recognised phobias but they will not be mentioned in case the suggestible might be inclined to copy them.

There is really nothing abnormal in these experiences, as long as the fears and compulsive acts do not interfere with everyday life and conduct, and make the person a trial to himself, his family and his fellow-workers. Many famous and intellectual people in history are known to have suffered in this way, as do many people around us, did



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we but know it. Those who are subject to such neuroses are perfectly aware that their fears are irrational and that they are foolish to let themselves be haunted, they fight against them, now winning, now losing, and some become exhausted in the process. Slighter forms of neuroses may improve or disappear altogether according to the state of the patient's health and may reappear with periods of overstrain.

How these neuroses arise need not be discussed, moreover, there is still controversy on the subject. Suffice it to say that in many cases they have their roots in childhood and develop through a series of maladjustments to life, or the shirking of its realities. The only treatment which deals successfully with the condition is psycho-therapy, or treatment through the mind, and in some cases a complete analysis is required.

It is impossible to deal here with the manner of the treatment of the out-patient case, but it can be stated that the basis of it was and is psycho-therapy, together with every known medical means to alleviate the symptoms. The great underlying cause of mental illness, if such indeed there be, remains unknown, but there are countless factors which predispose towards it. A search must be made for those in each patient, and it is not enough to observe and examine him, he must be allowed to tell his own story and be listened to with interest and patience. The relatives must be interviewed and a detailed inquiry made into the home conditions and the reactions of the members of the family upon each other. It was not at all easy to get at the true picture until, after some years, a psychiatric social worker, trained to make such investigations, reported upon the cases and so greatly added to our knowledge of the patients' backgrounds.

There is no doubt that the strain of life in urban communities is an important factor in the predisposition to mental and nervous disorders. There is constant strain for workers in London and that there is not a higher percentage of mental and nervous ills must surely be due to the fact that the race is of a sturdy calibre. Observe the anxious expressions of the travellers in buses and tubes, and the considerable number of overstrained but otherwise normal people who talk to themselves, grimace and gesticulate as they hurry along the streets. The remedy for the strain of urban life is largely one of public health,

which must concern itself with housing, transport, noise and a host of general conditions in order to reduce mental and physical fatigue to a minimum

Many people came to ask advice upon personal problems which mostly concerned marriage, childbearing and heredity. Many were cases of grave sexual maladjustment of married couples, and though the stable may bear this state of affairs with impunity for a time, the strongest will eventually suffer if the strain is too prolonged. I was already deeply interested in such cases and was able to make a further study of them at the clinic.\* Experience taught me how to explain very simply, in one consultation, the cause of the marital disharmony and how to deal with it.

Women also came at 'the change of life', often believing the old wives' tale that they would become 'queer' at this time, but only in the rarest of cases did anything more than a passing depression develop. Normal women generally pass through 'the change of life', or climacteric, with little or no discomfort and should enjoy a new lease of life when they have passed that milestone. Those, however, who have led a life of overstrain may suffer from nervous and emotional symptoms while the body is attuning itself to the internal glandular changes that take place at this time. More frequently the symptoms are limited to nervous palpitations, hot flushes, fatigue and obesity. When the physical causes of the nervous symptom were explained and a simple temporary régime of life laid down, the strain was considerably relieved.†

The busy years passed and the hospital continued its work with a staff who had been friends and colleagues for many years and who intended to serve the clinic as long as they were mentally and physically able to do so.

With the coming of the Second World War some went on active service, but the clinic carried on steadily throughout, and mercifully escaped the bombing. When we returned we realised that the National Health Service was soon due to come into being, and this gave the medical staff seriously to think. The British Hospital was included in

\* This subject is dealt with fully in my book *The Hygiene of Marriage*

† This subject is dealt with fully in my book *Women's Change of Life*

the list of those to be taken over, but it was possible at this stage to 'opt' to remain a voluntary hospital. It would have been possible to carry on the clinic without appealing for funds for, at long last, we were in possession of capital. A beloved colleague, Dr Cooke-Taylor, had died during the war and bequeathed to the British Hospital the sum of close on twenty thousand pounds and this, under the old conditions, would have lasted for some twenty years. On the other hand, would psychiatrists of consultant status work voluntarily for us when they could obtain salaries elsewhere? Some of us greatly doubted it.

The British Hospital was therefore taken over, with its staff, house and funds, by the National Health Service in July, 1948, and the clinic continued exactly as before, the only difference being that handsome salaries were received for services rendered and, as senior consultant, mine was generous. Alas, we were not so happy when, one by one, we had to leave the clinic at the retiring age instead of working there till we dropped at our posts. This fell hard upon consultants of every speciality who had worked voluntarily for years at hospitals. Private consulting practice had naturally declined, since such services could be obtained free through the National Health Service. An added hardship was that as consultants had to be ten years in the service before they received a pension, and since previous voluntary service did not count, neither my colleagues and I, nor a host of other senior consultants, qualified for this boon.

The National Health authorities granted me an extra year after the retiring age and bestowed upon me the newly-invented honour of 'consultant emeritus'. I begged to be allowed to continue working at the clinic in an honorary capacity but I found that in no circumstances is such service accepted.

The Mental Treatment Act of 1930 had recognised the need for psychiatric out-patient clinics, which was a splendid step forward since it gave power to the local authorities to make arrangements for providing treatment for early mental cases in their areas. These clinics were connected with and staffed by psychiatrists based on the local mental hospitals and, though in some cases far from ideal, they were the forerunners of better things. The out-patient clinic developed slowly outside London but during and after the Second World War senior

psychiatrists at last began to realise that it was of great value in prevention and treatment and this gave great impetus to local authorities to establish such clinics throughout the country

I am convinced through my long experience of out-patient clinics that the prevention of mental illness lies in the further development of these departments. It is impossible to give any estimate of numbers, but the general impression conveyed is that for every case that must inevitably enter a mental hospital many more could well be treated from start to finish as out-patients. It is also clear that intensive study and research in such departments will greatly help to elucidate the causes of mental illness. It must, however, be made pleasant and honourable for people to come fearlessly to such clinics at an early stage of their illness.

The Maudsley Hospital which, as I have related earlier, had no official psychiatrists in its out-patient department at its beginnings, now has a large staff of senior workers, and a well-constructed department admirably administered, to which specialists from all over the world come to look and learn.

The success of the out-patient department has now led to the establishment of the day-hospital, which is suited to cases who need something more in treatment and yet do not require to enter hospital. The lead was given in London some ten years ago and now many day-hospitals are being established throughout the country. Patients remain at the hospital during the day, receiving treatment and taking part in group therapy, occupational therapy and other activities, and return to their own homes in the evening. The night-hospital accommodates those who are able to keep on working during the day but whose home conditions, for one reason or another, are considered to be unsatisfactory.

This is all that many patients need, the more they can keep in contact with normal life and work, the better for them. The burden is therefore lessened on the mental hospitals, which are already greatly overcrowded. It has been stated by one medical superintendent that the day-hospital has reduced the admissions to his mental hospital by fifty per cent, this may be somewhat optimistic, and further results are eagerly awaited, since this type of hospital is yet young.

The British Hospital still continues to do excellent work but no longer flaunts the old sign-board announcing that mental as well as nervous cases receive treatment. This is the day of specialisation and cases are selected for their suitability for treatment on psycho-therapeutic and analytical lines. There are now many out-patient clinics in London and patients are transferred to the one which is most suitable for them, this seems a practical measure now that the clinics are more fully organised.

I sometimes wonder, however, where the troubled and overburdened go to have their problems solved before they at length precipitate a mental or nervous illness. Doubtless, such cases are once more thrown back upon the general practitioner who, poor soul, never has time to sit down quietly and listen to what the patient has to say, which is an essential preliminary before any advice can be given.

## CHAPTER TWENTY-SIX

### *Divertissements*

DOCTORS ARE SUPPOSED by many to become so accustomed to illness, pain and death, that they are no longer moved or perplexed by them. Generally speaking, the reverse is the case. Some are so anxious and sympathetic, and feel so intensely for their patients, that they wear themselves out early in life.

How happy is the doctor to be the harbinger of good news, and how sorry when he diagnoses some serious malady, for it never ceases to be an effort to tell the relatives that there is little or no hope. Doctors, indeed, generally become more instead of less sympathetic with the passing years, but they learn to disguise their feelings under various veneers, according to their individual tastes.

They become in fact accomplished actors, benevolent liars, if you like, and when the occasion arises they play their parts, usually to an audience of only one or two. Thus, the bluff heartiness, the old jokes, the teasings, and even the fantastic 'How are we today?' are only a façade behind which the doctor hides his feelings while he carries out his duties. Growing experience enables the physician to anticipate instinctively the unspoken queries of patients, especially that most anxious one, 'Am I going to get well?'

There are some patients to whom the plain, unvarnished truth may be told, but there are others who, while they demand the truth and may, indeed, know it, have little wish to hear it. Physicians learn how to temper the wind to the shorn lamb, and happily there is nearly always some degree of hope. 'While there's life there's hope,' is an old adage pregnant with truth. I have so often seen what seemed to be a



miraculous recovery in a patient apparently doomed that I have learned the truth of this old saying. When everything possible has been done for the patient and the best medical attention given, there is undoubtedly another factor which is sometimes operative. This is the personal impact of the physician or nurse upon the desperately ill or even moribund. It is something more than merely imparting calm and confidence, it is the vitalising power of personality acting in some mysterious manner which is beyond our understanding.

I have observed this force often enough to believe in its power, it is, however, unpredictable. I have seen it in action in wartime, when not only one or two gravely wounded men, but many at a time, were almost made to live by the very personality of a young nurse, who was not herself in the least aware of her vital power, and thus in a far-off land where neither the nurse nor her patients spoke one word of any common language.

The power of prayer in those who are religious, of whatever creed, can also accomplish miracles. I have observed it, especially in Russia and Serbia, where at one time the priests of the Greek Church seemed to have a supernatural effect upon their flock, giving them courage, calm and even oblivion. The patients were deeply religious and the priests' sonorous voices, usually bass-baritone, seemed to have a sedative or hypnotic effect which was of infinite value, soothing the wounded and giving courage to those going into battle. The priests had a different aim from the doctors and nurses. The latter fought valiantly for the patient's life, whereas the Church fought for his soul and its safety in eternity.

Many people are preoccupied and some obsessed with the thought of death, even those who are not familiar with it but have seen its portrayal on stage or screen, where, however, it seldom resembles the reality. 'We are such stuff as dreams are made on,' and the death-bed scene is, in real life, seldom dramatic. Last words of love or faith are seldom spoken, few adieux taken for 'our little life is rounded with a sleep'.

All are in need of diversion from the tensions and anxieties of their lives and none more so than the medical profession where work is so much bound up with the relief of suffering. Those who are gifted in

any special way should therefore develop their talent and will find relief in doing so. Fortunately most men and women have hobbies, play games or are ardent collectors of something or other. Many doctors are excellent painters and sculptors, and exhibitions of doctors' work are now frequently held. Many are good musicians, and participation in choirs, orchestras or quartettes supplies satisfying diversions.

As for myself, my greatest pleasure has come from music and movement to music, that is dancing of every kind as seen in all the countries in which I have lived.

In order to enjoy dancing and to watch others dancing a love of music is essential, for the two are entwined, those who are not musical must at least have a sense of rhythm and, indeed, many national dances are performed to the accompaniment of a rhythmic beat alone.

We were fortunate as children to be brought up in a musical household and almost from our babyhood we had a natural love of music and a true ear for it. We also had the benefit of pianoforte lessons from an early age and I had such training in dancing as could be had in Edinburgh half a century ago. This was rudimentary compared with that given in the ballet schools of today, but it was the best to be had at that time. We had never seen classical dancing or anything in the nature of a ballet, and could not know of the beauty that can be achieved by the groupings of the *corps de ballet* and soloists.

The only solo performers known to us were the superb male dancers who competed at the various Highland Games, and these came nearer to male ballet dancing than we then knew. The precision of their *entrechats*, the well turned-out thighs and knees, were all essentials of classical ballet.

It was therefore with amazement that I saw what women dancers could achieve when I first gazed at the miracle that was Anna Pavlova. I have already spoken of that evening of Monday, 20 November 1911 and still have the little old-fashioned programme.

There were several *pis de deux*, in which Novakoff partnered Pavlova, a Chopin *Valse* arranged by Michael Fokine, *Valse Caprice* by Rubinstein arranged by Legat, and the wild *Autumn Bacchanale*, danced with a pagan ecstasy to the music of *The Seasons* by Glazounov. Pavlova's

solos were in Saint-Saens's *Le Cygne* in the Fokine arrangement, and *Le Papillon* to the music of Origo

Many in the audience must have felt as I did, that we were looking at a phenomenon. What we did not know was that Pavlova had already been acclaimed in Russia, and by all the world's great critics of the dance, as an immortal who could already take her place alongside the great ones, Gissi, Taglioni and Fanny Elssler, whose names will live for ever

Why was Pavlova travelling round the provincial towns with indifferent orchestras and *corps de ballet*? Why did she, this divinity, have to teach young pupils and, under the management of her husband, Victor Dandré, a Russian nobleman, ceaselessly travel the world over, giving performances in large towns and small, a most exhausting mode of life? For twenty years she did so, and created perfection at every performance, no matter how unimportant. When asked why she chose this life, she said lightly, 'I like to give beauty to the people'

I was present at her very last public performance in December 1930, at the Golders Green Theatre. I felt that this was the same incomparable Pavlova of twenty years earlier, though her doctor told me long afterwards that though she had wept with the pain in her knee she had forced herself to dance through the whole programme. She died on 23 January 1931, at The Hague, the result of pneumonia, and there must have been people all over the world who felt like myself bereft because never again would we enjoy her incomparable movements. To dancers of the future she would be but a legend, for never could her art be described in words.

Early in 1931, not long after Pavlova's death, M. Dandré, her husband, offered her home, Ivy Lodge, for sale, and there were those who greatly criticised him for this action. Her friends were saddened when he arranged to have an auction sale of all her furniture, pictures and personal effects. It was thought by some that Ivy Lodge and all that it contained should be preserved as a museum in her memory, but thirty years ago there was a very small ballet public and sufficient funds would not have been forthcoming.

The list of items in the sale catalogue was surprising, for even trinkets, jewellery and ikons were included. Few people came to the

first day's sale, which was a melancholy affair Monsieur Dandré was agitated that the prices were not higher and Manya, Pavlova's dresser, wandered about, weeping as each familiar personal item came up for auction. The sale of the pictures did not affect her so much, and soon she slipped away, doubtless to weep in secret

The most beautiful portrait of Pavlova was one by Bakst, who had been her faithful friend, it was sold at a very low price within my own range, but I rejoiced that it was to be presented to the Tel Aviv Art Gallery I bought the drawing I wanted most of all, that by Grüenberg, with *his dedication to Pavlova, it was the very embodiment of her particular movement, showing her qualities of steel and thistle-down and portraying the amazing flexibility of her neck.* Alas, this drawing was destroyed when my London home was bombed, as were many other pictures I acquired at the sale

I knew no one in the sale room, and sat down beside a serious, soberly-attired young woman who was marking the prices on her catalogue with accuracy and concentrating on the bidding I spoke to her, but she held up a warning finger, indicating that she must not be disturbed I, too, began to pay close attention to my catalogue, which I still have, marked with the prices fetched by each item

I could see that my neighbour was knowledgeable about early prints of dancers, of which there were many at the sale, and guessed that she was a collector She was certainly not English by birth and I thought she might be Greek, with her pale, clear-cut features and large dark eyes It seemed inevitable that we should meet again, and gradually my husband and I became good friends with Derra de Moroda and her mother, who had lived in London for many years, the friendship grew till she became my dearest friend and still remains so

I learned by degrees, for Derra was both modest and reticent, that she collected ancient books on dancing as well as prints, and had already a splendid library I found, too, that dancing had been her profession since childhood, but now she taught advanced pupils and wrote on her subject She had been a pupil of Cecchetti and, as I learned later, was the greatest authority upon the methods of that famous maestro, and one of a small group who founded the Imperial Society of Dancing to ensure that these should endure

This friendship meant much to me, not only because we had much in common but because through Derra I gradually learned something of the technique of operatic dancing, and this added to my delight in movement to music. Technique, after all, is only the beginning, the basis of the dance, and all else must be added to it. But not all dancers can attain to the heights, no matter how hard they work, it is only the favoured of Terpsichore who ever reach them.

Derra never despised my criticisms and even encouraged me in them, often telling me that I was more musical than she, and this probably was true. During her long absences in the summer, when she and her mother stayed with her sister in Salzburg, I wrote to her of the ballets and dancers I had seen in London, and of the choreography, *décor* and music, these were often surprising and over-critical outpourings, but she seemed glad to have them.

The first ballets I ever saw were in Edinburgh when in 1913 there came to the Lyceum Theatre a Russian ballet whose members were drawn from Moscow and St Petersburg. It was not heralded by advance publicity, it was simply one of the weekly routine changes, and on the first night the theatre was almost empty. The programme stated that the latest successes would be given, for at that very time Diaghilev was giving a season at Covent Garden of the same ballets that we saw upon a tiny stage in Edinburgh.

If it were not that I still have the programme I could hardly believe that we in Scotland saw these ballets so soon after their creation. The choreographer of all of them was Michael Fokine, and they were created between 1909 and 1911. They were *Les Sylphides*, *Carnaval*, *Spectre de la Rose*, *Prince Igor* and *Scheherazade*. *Coppélia*, created in 1870, was also given on that evening. Alexis Kosloff and Mlle Lunina were the splendid principal dancers.

On my first visit to London I saw Adeline Genée in *Coppélia*, a fairy-like figure, all light and sunshine, but lacking the dramatic quality of the Russians. She is still with us, a dainty and gracious Dame of the British Empire.

Then came the war. But dancing was not at an end for me, for the Serbian soldiers performed the *kolo* on every possible occasion and we of the Scottish Women's Hospitals danced with them, though some

never caught the rhythm. In the Crimea, the Cossacks danced, usually on tip-toe, but always alone, manly and athletic, to barbaric arrangements. There was also a group of members of the ballets of Moscow and St Petersburg who practised and gave performances on the shores of the Black Sea and, watching them, I observed how careful had been their training.

On my return from Russia I spent a few days in Paris and saw Pavlova dance *Giselle*, and this was my most sublime experience in classical ballet. In the first act Pavlova was girlish, dramatic and pathetic. In the second she was elusive, ethereal, almost transparent and, indeed, the disembodied spirit that the ballet demands. She floated slowly and with infinite grace as if wafted by some supernatural influence. Never could there have been a *Giselle* to equal this.

The nearest approach to it in perfection was the interpretation of Spessivtzeva, loveliest of all ballerinas, who danced the second act as if in a semi-trance. This might have been so, for she had that same dream-like quality in ordinary life, and in the end it conquered her, she has long been a mental patient.

*Giselle* was first danced in 1841 by Carlotta Grisi, who was followed by Taglioni and Fanny Elssler and all the great ones, since the ballet was considered to be beyond the capabilities of a young dancer. Today *Giselle* is the ambition of every dancer, as Juliet is of every actress, and I have lately seen very competent performances by young dancers who may later add to them the drama and the magic.

*The Sleeping Princess* was first presented at the Alhambra Theatre, in November 1921, just at the time I came to live in London. This was ballet on a grand scale, the most magnificent I have ever seen, and such a galaxy of famous dancers are never likely to be gathered together again. The ballet, by Petipa, was first produced at the Maryinski Theatre in 1890, but many adaptations and additions had been made to it. The costumes by Léon Bakst and Alexandre Benois were breathtaking, for not only were the colours and designs original and elegant but embroidered and hand-painted in the greatest detail. Fortunately the coloured drawings still exist, the costumes, alas, have completely disappeared and no one has any idea of what has happened to them.

The dancers often took different rôles, and this made the ballet of great interest to those who knew what they were observing, for each by his own particular style and personality subtly altered the solo. Lopokova was the Lilac Fairy and also the Enchanted Princess, and this piquant ballerina always brought a smile to my lips, for there was a drollery about her that warmed my heart.

Others taking part were Bronislava Nijinska, the sister of Nijinski, Felia Dubrovskaya, Lydia Sokolova, Vera Nemchinova, Lubov Tchernecheva and Leon Woizikovsky.

The *Blue Bird* variation danced by Idzikovsky is one of my most delightful memories, and I wish that every young male dancer could have seen that buoyant, sprightly youth in this enchanting movement. He looks incredibly young today and, slim and compact, he takes pride in his still robust muscular development, but says that his dancing days are over.

Alas, this gorgeous production, upon which Diaghilev had staked so much, was not a success financially, and ran for only three months, thereby causing the impresario something approaching heartbreak, great financial loss to himself and others, and anxiety for the future. Never again shall we see such a glorious spectacle, and none would think of aspiring to it, for ballet has become entertainment for the masses and must show good returns.

ever attain the overall perfection reached by Diaghilev.

First, he was served by dancers who had been under the Czar's protection, who had been well educated and trained by the best international teachers. They had an innate sense of style and dignity, perhaps from being in the third or fourth generation of dancers. I often felt, too, that the Russians had an added mysterious quality which belonged to their race alone, or to the conditions obtaining in Holy Russia at that time.

It was to Diaghilev himself, however, that the superlative quality of his ballet was due, for he was a perfectionist, a man of impeccable taste who took infinite pains to attain his ideals. I feel sure that he rarely

thought of the financial side, he created new ballets for his own delectation. He surrounded himself with well-chosen artists and musicians, who worked together for the success of the ballet, first in St Petersburg, later in Monte Carlo and London. There were young composers, such as Francis Poulenc, Henri Sanguet, Erik Satie, Georges Auric, Dukelsky, Constant Lambert, and from some of them he commissioned ballets. Matisse, Braque, Picasso, Marie Laurencin, Derain and Sert were some of the distinguished artists who were invited to design the *décor* and they felt honoured to work for him.

It seemed that not a detail had been left to chance and yet each night he would stand at the back of the stalls, or pit as it then was, and, silent, immobile, a distinguished figure with his noble head and white strand of hair, follow the entire ballet.

The failure of *The Sleeping Princess* did not, however, dismay Diaghilev for very long. Phoenix-like, he rose again and thereafter had a series of brilliant seasons in London and elsewhere. These were not only important ballet occasions but also social affairs, for many connoisseurs came from Europe to be present. King Alfonso of Spain attended frequently, accompanied by a glittering group of Spanish ladies and gentlemen. Lady Cunard and Lady Juliet Duff were rarely absent, and every poet, painter and writer seemed to gather there nightly.

Every week there was an entire change of ballets, and so large was the repertoire that some were presented only once. I see by my programme of the 1927 six weeks' season at the Princes Theatre that there were five first performances also several other ballets that some of us had not seen before.

The most interesting of that season was *Le Pas d'Acier* with its modern arrangements. The dancers represented mechanical objects such as bolts, screws and pistons, and the choreography was ingeniously planned to imitate their movements. This was something very original, and audiences did not seem ready for it, but the choreography was well matched to the music and again showed the versatility of Massine and his sense of Prokofiev's music.

A new ballet which charmed and amused me was *La Chatte*, which was also in the modern style and most original. The music was by



Henri Sanguet, the choreography by Balanchine, and the strange new *décor* was arresting. The background was of gleaming black American cloth and the rest of the *décor* appeared to be made of talc which glittered and reflected the light in a fantastic manner. Lifar and Spessivtzeva had created the parts a few weeks earlier but, Spessivtzeva having injured her foot at the first performance, she was succeeded by Alice Nikitina. The latter was far from being in the first rank of dancers, but her youthful charm was right for the part, and the ballet with its gay, tuneful music was a success. As far as I know it has never been seen again.

Diaghilev was finding it year by year more difficult to finance his projects and the burden of maintaining such a large body of dancers was tiring and boring him, but he went on courageously. He died in Venice in October 1929, with the result that the ballet was dispersed and its members were in despair till some time later Colonel de Basil managed to gather them together. Though the de Basil Ballet made a splendid effort and introduced some masterpieces by Massine, it was a pale shadow of the Diaghilev days, and it was only then that people realised what they had lost.

By this time there was a larger ballet public, and Massine had a well-deserved and growing reputation as a choreographer and dancer. It was with great excitement that I looked forward to his new ballet, *Les Présages*. There were, however, many musicians who were furious that he should put Tchaikovsky's Fifth Symphony to such a base use as dancing. I had always felt that Massine was a natural musician, and in this dramatic ballet it was clear that he had an intense feeling and understanding of music. The solo dancers were used in a way that recalled the main theme, while the *corps de ballet* was the orchestra supporting it, the chords, arpeggios and even the very notes of the symphony appeared to be dancing all by themselves. I was entranced.

The second scene was to me the most lovely and strangely touching and when the young lovers, Baronova and Lichine, entered together on one of the most beautiful bars of the symphony I was surprised to feel tears suddenly pouring down my cheeks. No other ballet had ever touched me thus then or since. Their innocent youthfulness, their ecstasy and the cruel destiny that awaited them, together with the

music that was perfectly matched and tuned to this mood, were of such beauty that it could hardly be borne

*Choreartium*, with music to the Fourth Symphony of Brahms, was also a triumph, though less popular than *Les Présages*. This, too, showed that Massine had an acute feeling for music. It is unlikely that either of these choreographic symphonies will ever be seen again.

Never shall I forget Massine's *Three-Cornered Hat*, with that peerless mime, Karsavina, as the Miller's Wife, and himself as the Miller, whose athletic dance was eagerly awaited each night. It was a gay ballet with lilting music by de Falla which sent us dancing homewards along the London streets.

Massine's success as a choreographer was partly due to his being a superb dancer and so versatile that he could take a character, demure character or burlesque part. I have never seen his equal for elegance of line, for beauty of action, for grace of gesture and perfect tuning of step. His large, melancholy eyes and attractive face, his vitality, his whole personality, endeared him to his audiences, and when he was dancing the *corps de ballet* became blotted out and forgotten.

*Le Spectre de la Rose*, that romantic *pas de deux*, was created by Karsavina and Nijinski and will ever be linked with their immortal names. For me it is, like *Les Sylphides*, a masterpiece in its beauty and simplicity, and a shining example of pure movement to music which could only have been arranged by Michael Fokine. It was my good fortune to see Karsavina, partnered by Harold Turner, dance this miniature ballet and I came under the spell of its dream-like quality.

It must have been a wonderful moment when Nijinski, the Spirit of the Rose, leapt noiselessly into the room and used his remarkable elevation to enhance this lovely musical poem. Never having seen him in life, I was yet able to pay my respects to Nijinski in death when he lay in a *chapelle ardente* in London, a tiny figure, his face still youthful in spite of years of illness.

Bronislava Nijinska, whom I had seen earlier as a dancer in *The Sleeping Princess*, was rapidly becoming an excellent choreographer and had already arranged many ballets for Diaghilev. One of the most attractive was *Les Biches*, to the tuneful, witty music of Francis Poulenc. The dance arrangements are just as witty, and the whole is a satire on

the modern society house-party, in fact a charming piece of nonsense. The *décor* was by Marie Laurencin, who used her own inimitable choice of colours, while Chanel made the dresses.

Nemchinova, who danced *la garçonne* in a blue velvet short jacket and gloves, was given a very original solo on *pointes*, with strange, angular movements never before used in classical dancing, but right for the part, and she had a great success. Nevertheless, I preferred her successor, Nikitina, who seemed to me to have the subtle allure that the part required. This ballet is likely to be revived from time to time, for it is gay and amusing and its music positively dances by itself.

*Les Noces* was a masterly work of Nijinska's. It could be called neither ballet nor dance arrangement, but was something entirely new in choreography, it could not have been conceived by anyone but a Slav. The music was ably interpreted in terms of movements of plastic groups of figures whose expressionless faces and sad eyes stared at the audience. The sombre *décor* by Goncharova in black and white could not have been simpler or more telling and the atmosphere was charged with gloom and superstition. I realised at once that all this was perfectly familiar to me, for I had attended many weddings of peasants in Serbia and Russia and had observed the remnants of pagan rites that were incorporated in their celebrations and their behaviour.

Stravinski came to conduct the first performance, at which I was present, sitting by chance next to Arnold Bennett. At first hearing, the music seemed almost lacking and in its place there was much percussion. Four grand pianos were manned by distinguished pianists, who played as a tribute to Stravinski and produced some truly unholy noises. The audience was dumbfounded as well as disappointed and the press notices were most critical if not actually condemning. Arnold Bennett and H. G. Wells rushed into print in its favour and castigated the ignorant English public, but without avail. Only a few performances were given and it seems certain that the ballet will never be seen again in England, though doubtless its music will be heard.

The performances at the Mercury Theatre between the two wars were always a delight to me. As a life member of the Ballet Club I was a regular attender on Sunday evenings, and introduced many friends to this very special form of entertainment. The theatre was owned by

Marie Rambert, whose pupils took part in the ballets, though sometimes guest artists such as Markova gave their services. This was a splendid training for young dancers, many of whom went on to the Vic-Wells Ballet and elsewhere. Madame Rambert encouraged efforts at choreography and to her enthusiasm we owe Frederick Ashton, Andrée Howard and others. Long may this clever and courageous woman continue the noble and unselfish service she has given to the development of the art of ballet.

The theatre and the stage were small, and the dancers could be observed as through a magnifying-glass. There were, as was to be expected, many poor if not indeed disastrous performances, but many were good and two were certainly outstanding.

*The Mermaid* by Andrée Howard, to the music of Ravel, was a work of great charm, and later was shown on a larger stage, where I doubt if it had quite the appeal of its Mercury performance. An underwater scene and a shipwreck were actually contrived on that tiny stage. The mermaid was the exquisite Pearl Argyle, a young goddess who, alas, left this world a few years later before she had reached her zenith.

*Bar aux Folies-Bergère* was an intimate ballet cleverly planned by Ninette de Valois to fit Manet's famous picture and fill the bar with droll French types. The music was by Chabrier, the scenery and costumes by William Chappell, who also danced in the ballet. He was then also an artist and at his first exhibition of pictures I was able to secure one of his attractive costume designs. When the curtain went up there was spontaneous applause as we saw Manet's picture to the life, with Pearl Argyle as the barmaid. Alicia Markova was *la Goulue* and Diana Gould, Frederick Ashton and Walter Gore danced in this humorous and intimate ballet.

Spanish dancing has always fascinated a large public, with its slim male dancers of sinuous grace and its long-trained ladies who dance to well-marked rhythms. The one supreme woman artist I have seen was Argentina, who gave several recitals in London between the wars. She carried through the whole programme to the accompaniment of a piano, but in herself she was a complete ballet. Folk dances and flamenco were in her repertoire and also classical arrangements to the music of Albeniz, Granados and de Falla. In addition to great precision

of detail, she was a dancer of fire and passion, and when she smiled she seemed to be illuminated. Spanish dancing delights me and though I have seen the best performers both in London and in Spain I have not seen anyone equal to Argentina, and she, alas, can be seen no more.

Many other lovely occasions which belong to the past crowd in upon me. These moments of beauty have been a great help to me in my long life as a doctor and have enabled me to continue better my work of comforting and healing.

When I settled in London after my marriage I considered myself very fortunate in having leisure at the week-ends to indulge my love of pictures. Until then, my knowledge of art and its history was rudimentary and the only gallery I knew well was the National Gallery in Edinburgh. There, as a shy, rather smug little schoolgirl, I was often sent by my mother to show friends and visitors from abroad our national collection, which was not large but selective, this being early in the twentieth century, no Impressionists as yet adorned its walls. My favourite pictures were the Allan Ramsays and the allegorical pictures of Noel-Paton, for I was still child enough to delight in fairies and almost believed in them. Most of our friends tired very quickly of looking at the pictures, though I tried my best to make them interesting, and they usually asked me to take them to the nearest place for coffee and cakes, and then to the shops<sup>1</sup>.

How different it was in London, where the National Gallery had to be visited often before an inkling of its great treasures could be realised. The wonders of the Tate Gallery, with its glowing Impressionists, delighted me, above all the Turners, surely the earliest examples of that school. The exquisite Dulwich Gallery does not seem to be well enough known, nor is the Wallace Collection, which I sometimes feel partly belongs to me, since it is opposite my windows and, at night when it is illuminated, the rooms seem almost to enter mine, and the beautiful objects can be clearly seen.

There were also frequent special collections of paintings, and shows of the works not only of young artists but of those who had already arrived. These were on show in order to sell, and often the results were disappointing.

I had realised while still a student that I had no talent for painting, so I confined myself to observation and thus, combined with the reading of books on the history of art, opened a new world to me. Every visit abroad thus became far more interesting as a result, and I am fortunate indeed to have seen many of the famous art galleries of the world. Never can I forget the first sight of the Velasquez and Goyas in the Prado, the Winged Victory in the Louvre and the great collections in Vienna, the Hermitage in Leningrad and the Tretyakov Gallery in Moscow, besides those in Munich and elsewhere. The Metropolitan Art Gallery in New York is a treasure trove, and there are many fine small collections in that city which has always seemed to me just as lovely in its own way as Venice, Rome or Florence, perhaps because it is utilitarian and its skyscrapers appear to be as natural as if they had grown there.

Appreciation of architecture followed, and until the traveller moves about in little-known paths he will never know how many fine Gothic and Norman churches there are, especially in France. Durham Cathedral is, however, to my mind the finest Norman church. Its great bulk, its strength, the feeling that it will last for ever is impressive and links the past and the future. Then there are the fantastic Rococo and Baroque churches of Austria and South Bavaria to be seen nowhere else in Europe, many are apt to dislike and despise them, and

bambinos sprawling on white clouds, climbing organ lofts or donning cardinals' hats delighted me, and last year, with my husband and our friend, Derra de Moroda, I sought out the most perfect specimens of the Rococo, all of them the same in style and yet all as different as could be.

My most memorable first sights of churches have, however, been far removed from the Rococo or the Baroque, for the cathedral that impressed me most was the one at Seville. It seemed by some optical effect to tower into the heavens, and its elegance and lightness enchanted me. I know well that it is not one of the best examples of Gothic, but for me it is sublime.

Almost as impressive was Holy Week in the old City of Toledo,

where the fine cathedral, draped and silent during the Week, was, on Easter Sunday, a blaze of light, flowers and joyous music. This was quite a relief, as the mysterious, hooded, penitent gentlemen who had dragged their chains and crosses through the narrow alleys had become almost too lugubrious.

Chartres cathedral has been known to generations for its stained glass windows, but one Christmas afternoon after a deep fall of snow we set out from Paris for another glimpse of them. The windows, lighted by sunshine reflected from the snow, blazed with unusual brilliance and provided us with a spectacle that few can have had the good fortune to enjoy.

Best of all, I loved to spend Christmas morning in Notre-Dame, where the peace of Christmas entered into the soul. We sometimes went to Paris for a few days to get away from the hustle and blare of Christmas that was increasing year by year in London, whereas this seemed to be a purely religious instead of a near-pagan feast and we, though we were not Catholics, felt that its atmosphere suited us completely.

I had always wanted to visit Russia, but in 1920, during the Revolution, I had been confined to the Crimea. It so happened that I met Ivy Litvinov, a Scotswoman and wife of the Soviet Foreign Secretary, through my friend Cathie Carswell, for they had been students together. Madame Litvinov surprised me by telling me that I was on the list of those who must not enter Russia, since I had taken away thousands of Russian children when the Crimea was evacuated. In fact, I had only taken with me the few who were claimed by nobody. She kindly said that if I ever came to Russia I was to let her know and we would meet, but when I was in Moscow she was inaccessible.

In 1936, I went to Russia on a very pleasant Cook's tour. There seemed to be no difficulty about getting a visa, perhaps because my sponsor was the Soviet Military Attaché in London. He returned to Russia, and it was tragic news to hear that he had been liquidated before I ever arrived in his country. We travelled via Berlin, Riga, Leningrad, Moscow, Warsaw and Berlin. There were about fifty of us, who had come to see various activities, including collective farms, and we had ample time for discussion.

Leningrad, as it was now called, was laid out with something like

magnificence, and it was difficult to believe it was built on a swamp Pushkin has written a descriptive poem of the city, beginning, 'I love thee, City of Peter's making and Neva's sovran waters breaking along her banks of granite sheer or when the Neva breaking free, her dark blue ice breaks out to sea and scents the spring in exaltation.\*

We were whirled round Leningrad in a tourist bus, but everyone else seemed to be walking, for there were no droshkies, taxis or other means of locomotion. The most forbidding sight was that of the fortress of SS Peter and Paul, not perhaps because it was revolting to look at but because of what has been related of it in novels and in history. The most grandiose cathedral was that of St Isaac, where all the great religious ceremonies attended by the Czar and Czarina had taken place. It was now converted into an anti-God museum decorated by lewd pictures and cartoons which the children were taught to enjoy. The great pillars, alternately of malachite and lapis lazuli, gleamed green and blue, and to them I gave all my attention.

We were fortunate to see the Palace at Czarskoe Selo, so redolent of Catherine the Great, and the little Alexander Palace, where the last of the Czars had lived with his family. This was a one-storey building with small rooms furnished very simply with modern English furniture, brass bedsteads and overloaded dressing-tables crammed with family portraits. It was strange to see our own Queen Victoria's photograph on many of the tables. Pathetic, too, to see in the imperial bedroom so many paintings of the Annunciation placed there when the Empress was praying for an heir. All I had seen of the homes of the Czar and Czarina in Czarskoe Selo and the Crimea had breathed kindness, simplicity and homeliness.

From Leningrad we took the night train to Moscow and arrived at the very station so familiar from *Anna Karenina*, where her fateful meeting with Vronsky took place. Well housed in a modern hotel, we went out early, for in the Red Square there was to be a youth procession of half a million boys and girls. High up on the Kremlin walls the great men of the Soviet were ranged in line with Stalin amongst them. An endless procession passed, of drab and dreary children, some singing and

\* *The Bronze Horseman*



others silent. Many of them were carrying large plaques, held before them like icons. There were hundreds of these and the picture was that of Stalin carrying a baby on his shoulder, the whole circled with a rose wreath. 'That's Stalin in the rôle of the Madonna,' said one of the wits of our party.

The square was soon cleared by the Cossacks, and we proceeded to the tomb of Lenin, where we were allowed to head the queue to see his well-embalmed body, the vault was dramatic, for the marble of which it was constructed showed great streaks of red which recalled to me some of the horrors of the Revolution.

The gaily-painted Church of St Basil, so familiar in photographs of the Red Square and the Kremlin, though as attractive as a mixed bouquet of flowers without, was sinister within, with its numerous dark chapels and altars, and the memory of its history and that of Ivan the Terrible weighed upon me.

The Maryinski Theatre in Leningrad was closed, and we hoped to see some ballet at the Bolshoi Theatre but were doomed to disappointment. We saw, however, the opera, *Quiet Flows the Don*, and on that enormous stage whole regiments of Cossacks seemed to gallop, crowds to stampede, while rivers flowed and windmills turned.

Where were the colourful peasants—the men I had known in the Crimea in embroidered blouses, the girls with gay kerchiefs on their heads? There was not one to be seen and most people were actually clothed in sackcloth. Gipsies were forbidden. Evidently singing in the streets was also taboo, entertainment took place at the Parks of Rest and Culture, where the chief amusement was parachuting down from a tower. The children's favourite game seemed to be harmless enough, that of blindman's buff, in which it was amusing to see that the eye-band was of bright red. How tired we all got of this angry revolutionary colour!

After three days in Moscow, we were heartily glad to proceed to Warsaw, where we saw laughing, attractive people, and so back to London, having seen a great deal more than was officially shown to us. I have no doubt that conditions have improved greatly since 1936, but not one of us, even those who had a leaning towards Communism, saw anything that impressed him favourably.

## Quetta

EARLY IN APRIL 1938, my husband was promoted to Major-General and appointed to command the Western Independent District, India, whither he was to proceed the following August

I began making tentative arrangements to be absent for six months in India and the prospect frankly delighted me. I felt that partings of soldiers and their families were in the air and that now we must be together, moreover the G O C, like the vicar, needs the help of a wife to organise social functions, to get to know the women and children and to make a comfortable home for him.

We had been fortunate to have a house in London for so long, it had enabled me to become established in consultant practice and to work at my clinics. I had often been asked what I should do when my husband was posted abroad, I answered that I had no idea and must just wait and see. It had seemed to us right, however, to live and work abundantly until something occurred to make us do otherwise, and it had worked out beyond all expectations. If I had sat down to contemplate the difficulties we would never have had a home, I would have accomplished nothing and life for both of us would have been the poorer.

My husband's headquarters were in Quetta, Baluchistan, and he would stay with friends until the G O C's house was ready, when I would be there to furnish it. The house, situated in a fine garden, had been destroyed in the lamentable earthquake of 1935, when twenty-five thousand people in Quetta were killed. The new houses were built on a principle which made them earthquake-proof, the sections of the

house rocked on their bases but would not disintegrate And rock they did, for we had several small 'quakes', and it was a queer sensation to sway with the house

'Don't fear the small shakes,' the Indians in the bazaar used to say, 'it's only the Himalayas trying to find their feet'

I obtained a plan of the house with all its measurements, including those of the huge french windows, and chose, in one morning, several hundred yards of curtain materials in fadeless damasks Bed-linen, quilts, blankets and coverlets were either in peach or blue, chintzes in a mixture of these colours, and there was an abundance of household linen China and glass were chosen, and except for silver, I did not take anything from our home, to which I expected to return quite soon I heard that good mirrors were scarce, therefore long and triple mirrors for each bedroom were added These were all sober necessities My one luxury was a pair of Italian alabaster cornucopias, they were a joy in all our homes in India, as they still are to this day, though they look a little more demure in London, where they stand on an Adam mantelpiece, one on each side of a solemn bust of Queen Victoria by Onslow Ford

I was bidden to bring thousands of bulbs and, having heard that everything that grows in England will flourish in Baluchistan, we looked forward to having a fine garden, and were not disappointed I learned that the house was a copy of one on Palm Beach and as an afterthought took a roll of Impressionist reproductions, feeling that they would look well in that type of house, an obliging picture-framer gave me small pieces of the correct frames for them and I hoped to have them copied

I asked the advice of two women friends who had lived for a long time in India upon my general conduct as the wife of a General and whether there were any special pitfalls The first answered that the advice she would give me would carry me triumphantly through my sojourn in India It was this, that I must always remember that I was superior to every Indian in the entire country, no matter how high-ranking or high-born he was The second said that there was nothing she could tell me except that every difficulty could be overcome by perfect courtesy towards everyone, no matter how lowly, to the railway officials the tradesmen, the servants, down to the meanest

sweeper. She told me that the Indians themselves had excellent manners and were gentle and polite, and that they had no respect for those who lost their tempers. Two very conflicting pieces of advice, but I realised that they were after all the projections of two very different personalities. The first had disliked the Indians, loathed having the servants near her and ever longed for England, but alas, the poor lady left her bones in India. The other had enjoyed the country and loved its people, and is still in touch with them.

In order to find out which of the Indian languages I should learn I consulted a distinguished scholar, who told me that I must first study Sanskrit, then Persian. After that, the ugly hybrid language, Urdu, would be child's play, but it would be the most useful one. I reflected that life was short and hurried to the Berlitz School for tuition in Urdu.

When I came to the end of the course my young teacher said, 'I hope you will be happy in my country,' to which I replied

'But surely it is our country, yours and mine.' He bowed and smiled, but did not answer, and I smiled also for I did not take him seriously.

I left London on the 12 October 1938, bidding farewell to the Ellen Terry children and the clinic, and placing my private patients with various colleagues. The house was left just as it was, in the care of our faithful married couple, Mr and Mrs Purvis, so there were no last-minute household responsibilities for me. I tripped down the front-door steps, calling out to Mrs Purvis, 'Back in six months,' and was seen off by the kindly Purvis. Two weeks earlier, the Prime Minister, on arrival at London Airport from the Munich Conference, had flourished a paper given him by Hitler, who had told him that there would be no war. People acclaimed the Prime Minister with enthusiasm, but then relaxed and life seemed to go back to normal.

I joined the ship at Marseilles and found it crammed with officials returning to India and many mothers and children who had been spending the summer in England, the older children had been left behind at school and I heard from many of the heartbreak of having to leave either husband or children and of the sacrifices that had to be made in consequence.

There were Indian passengers of all ages, among them quite a number of girls who had graduated at Oxford or Cambridge. They

I visited the workshop every morning and watched these competent craftsmen at work. Jaswant Singh was an artist-carpenter and he would lovingly stroke a specially fine piece of sheshum wood and say, 'How beautiful is the grain, just like coat of tiger.' In an incredibly short time the wardrobes, dressing-tables, beds and chairs were finished, and we now had a home, Orchard House, in Quetta.

The dining-room was maize in tone and on the long refectory table stood the cornucopias filled with great sprays of blossom or flowering shrubs, the only ornament in the room. The drawing-room was white and on the walls glowed Van Gogh's flowers and orchards. A smaller room leading off was peach in tone, and the Marie Laurencin pictures looked very much at home there and delighted our guests.

The house-warming was a dance for the officers and their wives, followed by one for the sergeants. The outside of the house was outlined with lights in the Indian manner, as was also the drive from the guardroom to the front door, the oil dips (*chirags*) flickered fitfully for hours and added to the festive occasion.

There were frequent luncheon, dinner and children's parties, all so easy to arrange in India because of the excellence of the servants. Many officials and other people came to stay and this also was an easy matter as the custom was that each guest brought his own beater servant. We began to invite Indians and their wives to meals along with English couples who we knew would be pleased to meet them. There were also tea-parties for the younger Indian ladies, some of whom were in purdah. They were allowed to roam all over the house and see the inside of everything, linen- and store-cupboards, china and glass cupboards and even wardrobes were open for their delight. How gay these girls looked, each in a different coloured sari. Their tinkling glass bangles, their excited chatterings and laughter made merry background music. Some of the husbands told me that their wives had profited by observing the orderliness of the household arrangements and were becoming better housewives. The Indians were delighted to meet Englishwomen, though this rarely seemed to lead to further meetings.

This does not imply, however, that all the English in India stood apart, though it must be admitted that the great majority kept within

their English fortress. Later, I was to observe the splendid relationship that existed between British and Indians and their wives in many Indian regiments and throughout the Indian Political Service. Besides giving their friendship many Englishmen worked for India on a wide front, among such was Brigadier F. L. Brayne, who began 'the village uplift movement' and now India is carrying on his work of improving agriculture and public health in the villages. Sir Malcolm Darling and many others have shown their friendship in a practical way and are still greatly beloved by Indians years after they have left the country.

Families were pleased to be stationed at Quetta, for the summers were not too hot and if cooler air was desired, the hill station, Ziarat, at eight thousand feet, was only eighty miles away. It lay in a lovely valley with pleasant walks in the biggest juniper forest in the world.

The winter climate of Quetta was not unlike that of the Engadine, the sun blazing by day, the nights freezing. The night sky was dark sapphire, the stars were dazzling, the moon was so luminous that it was possible to read by its light. The atmosphere was so dry that clothing emitted electric sparks and hair flew up and crackled. It was exhilarating air to breathe after living so long in London, and I revelled in it.

There was little snow in winter, and in the early spring the imported bulbs made a brave show. Everybody and everything looked specially gay, there seemed to be no hint of war, and it rarely entered my thoughts. I had, however, been rather disturbed by letters written from Albania by Professor Mehmed Vogshu, who had collaborated with me in the work of the malarial mission in 1925 in that country. He did not know that I was in India and wrote beseeching me to seek influential advice in London upon the Albanian situation, for he feared that the Italians were about to invade Albania, which, of course, they did, on Good Friday, 1939. Whether this was expected by the allies I could not know, nor did I ever hear the matter discussed in Quetta. Had this event any bearing upon a possible European war, had Hitler a hand in it, and had King Zog played an honourable part in the rape of his country? These were questions that occurred to me, but there was no one to supply the answers.

I had quite a full day as the wife of the G. O. C., all of it easy and pleasant, horse shows, racing, sports, Red Cross and St. John, Girl

Guides, visiting hospitals and entertaining were some of the items. There were many marriages and christenings to attend and parties large and small.

Summer awakened many lovely flowers, relics of the old garden, and the hedge surrounding it was of Persian roses, the exquisite pink variety found in old manuscripts and on china. The strawberries were excellent and the grapes so abundant that we were able to send hundreds of bunches to hospitals and messes. It seemed miraculous that everything grew so well, for Quetta was bone-dry and, at regular intervals, the irrigation water turned the garden into a sea of mud, but it worked. The five gardeners (*malis*) worked hard, though it was strange at first to see that it needed two men to operate one spade. One dug and the other, with string attached to the tip of the spade, pulled it up out of the ground, and this was the usual practice throughout India.

*Baluchistan provided a good life for the sportsman, with golf and tennis at the club, a jackal hunt, free shooting for sisi, chickor, the red-legged and the black partridges, as well as big duck shoots with the local landowners.*

The Staff College was in Quetta and, as at its counterpart in Camberley, Surrey, the students and their families could be pretty sure of settling down there for two years. Some were Indian officers chosen for their superior qualities, and among them was Captain Cariappa, who was accompanied by his lovely wife and their children. They were intelligent and had a quiet charm that would have enabled them to be citizens of the world. We both felt that Captain Cariappa was destined for higher things, though at the time there seemed little likelihood of his promotion. When India became independent he became the first Commander-in-Chief, a post which he filled with singular distinction.

We were in India during a very interesting transition period, for we met many of the Indian members of the Civil Service. After partition, now designated as Indians and Pakistanis, these, their brightest and best qualified men, were given key posts. We met them later on as ambassadors, high commissioners and holders of other important posts, and now follow their careers with great interest.

Officials came and went in Quetta, but one man settled there, Sir

Henry Holland, medical missionary, the most trusted and beloved man in Baluchistan. He was renowned for his cataract operations, and patients were brought to him from distant villages in Afghanistan by camel transport. No one in need of skilled help was refused a bed in his hospital. This had been entirely destroyed by the earthquake, and while Sir Henry was collecting funds for its rebuilding, the hospital functioned in a group of ramshackle tin huts. In May 1940, the new hospital was ready for patients, and H.E. The Vicereine, the Marchioness of Linlithgow, declared it open, and this was a great day of rejoicing. It was here that I first observed the work of a medical mission at close quarters, and it made me ashamed that I had ever scoffed at foreign missions, for now I observed their sterling worth. Their medical help was and is desperately needed. Both India and Pakistan still welcome the help of missionaries, and happily thus and other missions function as before.

We visited many of the regiments in Baluchistan and saw something of the country along the Afghan border with the military stations at Chaman, Loralai and Fort Sandeman, where brave young mothers brought up their children and made comfortable homes.

The bearing of the Indian troops seemed to me to be splendid, their training had been thorough and their smartness on parade was spectacular. Their drum and fife bands delighted me, but when I saw Indians swing past playing the bagpipes I could scarcely believe my eyes.

Colonel Gradidge of the Guides Cavalry invited a group of us to see the Khattak dances performed by one hundred Pathans, and never in the course of my long dancing experience have I seen such an exhilarating spectacle. Pathans are handsome men and these had unusual physique. Tall and slim, they wore baggy white pantaloons, long white shirts, tightly-bound scarlet cummerbunds and high turbans.

There was a great beating of the drums to assemble the men to the dance, which began with the '*Bangra*', demonstrating sword-work on the battlefield after the exact formation adopted by Khalid Baba thirteen centuries before, when a small band of Khattaks were attacked by superior forces. This was a breath-taking dance, in which swords were brandished menacingly and thrusting movements suggested



death blows and wild exultation. Later in the dance, the swords were held proudly on high, signifying that the enemy had been vanquished.

There followed the '*Balbala*', the warriors have returned home victorious and they doff their turbans to display their long, black, shining hair. They danced round a blazing fire in a giant circle, each equidistant but never touching, and moving with rhythmic precision. They leapt, pirouetted, clapped their hands, shrugged their shoulders and tossed their hair triumphantly. The dances went on far into the night, varying in step and time, becoming ever faster but never out of control. The Pathans seemed tireless, the fire flared up and lit their eagle-like faces and lithe bodies, with dramatic effect.

There followed music selections from the regimental band, the favourite being the march played while the Fortieth Pathans were storming the German trenches during the First World War. This proved to be no martial air but a song of young love, 'Her love-locks swing on her cheeks, her nose-rings flutter on her red lips.'

Watching these dances, I felt, as I often did when in Scotland or Serbia, that dancing was originally a male preserve and a warlike accomplishment. More of this manly quality might well be brought into our English ballet and vigorous dances arranged for men instead of the eternal gentle rôles they are given, sometimes merely those of *porteurs*.

Who could watch the Khattak dances without a feeling of rising excitement and admiration for the skill and technique? We were now at war, and soon these brave Pathans would be fighting alongside allied troops in Europe and the Middle East, as they had done in the First World War.

In May 1940, my husband was ordered to proceed forthwith to Army Headquarters at Simla to take over the post of Deputy Chief of Staff, and not long afterwards he became Chief of Staff. We decided to leave Orchard House just as it was, so that the next G.O.C.'s wife would have nothing to do but step in and enjoy it all. We would take with us only the chuna and glass, fifteen of the many Persian rugs I had bought after much amusing bargaining with the old rascals in the bazaar, and the precious cornucopias with which I could not part.

Alas, Orchard House was not long occupied by the G.O.C. for,

owing to the war, women were going to England to be beside their children, the house was said to be too large to maintain and it soon became an officers' mess. The house and its arrangements had meant something in my life, even though our stay there had been short, for there I first began to be acquainted with the people of India. This modern sun-filled home was utterly unlike my old house in London, but both were real homes to us, and we were sad to leave Quetta.

I never saw Orchard House again, but sometimes, sleepily, I glide through its lofty rooms, my feet barely touching the ground so that the sleeping Pakistanis upstairs do not hear me. I breeze through the french windows into the garden and float over the Persian rose hedge. Above me rises a sapphire dome studded with mammoth diamonds, and soon, air-borne, I am lost in the endless hills of Baluchistan.

## CHAPTER TWENTY-EIGHT

### Simla

THE TRAIN JOURNEY from Quetta was tedious and sultry, but after forty hours we arrived at Kalka and boarded one of the rack-and-pinion cars which climbed up and around the hills through pine forests and hamlets till, at over eight thousand feet, Simla was reached.

It seemed like a nightmare to hear on arrival of the surrender of Holland, her Queen already in London, the Germans over the Meuse, and heavy fighting in France. A few days later, word was passed round at a garden party at Viceregal Lodge that Belgium had capitulated. Nevertheless, H E the Viceroy, Lord Linlithgow, was a cheerful host and the Vicereine looked lovely in black lace and a gay petunia feather cap. Though the war news was gloomy, the Viceroy could not hide his joy as he whispered the news to us that he was that day a grandfather for the first time.

'Boy or girl?' I asked.

'Girl, but that does not make me any less important,' said his Excellency. A few days later, the baby's father was reported missing and later a prisoner of war, but happily, he survived.

Lord Linlithgow carried a heavy burden during all those war years, for besides his many duties there were frequent talks with Mahatma Gandhi, Mahommed Ali Jinnah and other Indian leaders, all of them conducted on a razor's edge and subject to criticism from every angle. We observed something of this severe strain, for we were privileged to be house guests on several occasions both at Viceregal Lodge, Simla, and at Viceroy's House, Delhi.

Simla seemed at first sight to be a haphazard, untidy town but most

people liked it, for it was friendly, cool, and the views of the hills and far-off mountains were superb. It has often been described, but I came to the conclusion that, except for the new hotels, it had changed little since the Victorian days of Rudyard Kipling's *Plain Tales from the Hills*. The main artery was a wide street on the top of a ridge, the Mall, which ran from Viceregal Lodge at one end of the town to the Governor of the Punjab's summer residence, Barnes Court, at the other, a distance of some two miles. About half-way there was a large open esplanade where pre-war parades and entertainments were held. Situated near it was a handsome Gothic church, while not far away was the Scots kirk and lower down a Catholic church. Municipal buildings, shops and a splendid English club, with residential quarters for civil and military officials, were in the vicinity. The most popular building was the delightful Gaiety Theatre, built in Victorian times to foster amateur dramatics and having every reasonable amenity for putting on plays, revues, ballets and concerts. Its boxes were sometimes occupied by Viceregal parties and often by ladies in purdah who sat behind gauze curtains seeing and yet unseen. The Green Room of the Gaiety was the favourite meeting-place for gossip and refreshments, and was never empty.

The Government, with its personnel and offices, moved each summer from Delhi, where the heat was oppressive, to Simla. This was deemed to be worth all the trouble of transport, since the officials kept well and did better work where there were neither mosquitoes nor sand-flies, and the air was cool.

The only type of wheeled traffic permitted in Simla was the rickshaw, a two-wheeled conveyance resembling a bath-chair. Motor vehicles were prohibited except those of the Viceroy, the Governor and the C.-in-C. No hand-carts were allowed by day or night so the moving of goods was carried out entirely by job-porters, who transported the fuel, building materials, furniture, office files and all else, no matter how heavy. It was not pleasant to see four panting men carrying a grand piano on their backs, padding like beasts of burden up a steep and slippery narrow path. The public were alive to the pity of it all, but only during the last decade had some action been taken to improve matters. Both the job-porters and the coolies lived under the same

unhygienic conditions but the porters' life was the more strenuous. In a survey made in Simla under Sir Andrew Clow it was stated that their tenure of working life was only about six years.

The coolies (*ghampanis*), two fore and two aft, propelled the rickshaw, running barefoot and undertaking long ascents, and still more straining steep descents. The reason for this was that the houses were built straggling up the hill, winding through narrow lanes, or downhill, some of them far from the main road. These coolies were ever willing, and conveyed the rickshaw and its passenger safely to his destination.

The coolies lived most uncomfortably for, though there were a number of shelters provided for their sleeping quarters, there were not enough to accommodate some two thousand coolies and a like number of job-porters. Many of the men slept in open doorways, on window-ledges or by the roadside, this was bad enough before the monsoon broke, but when they were in the open day and night during the torrential rains they were never warm or dry.

Many people were sorry to see this state of affairs, but one woman was determined to better the coolies' conditions in a practical way, and I heard of her by chance shortly after my arrival in Simla. One day, the wife of a high official, whom I had thought gentle and considerate, said to me in a fury:

'I don't know what Simla is coming to, I told my rickshaw men to hurry and one of them said to me, "Lady Sahiba, we are but human", did you ever hear of such insolence?' She added that it was all the fault of a governess 'who is trying to make the coolies as good as we are, teaching them reading and writing'. It would have been tactless for me to soothe this exalted lady or laugh with her over the joke, so I merely asked the name of the governess and was told it was Miss Jennie Copeland, 'the daughter of some wee Scots meenister'.

There was no need to search for her, for she called on me and asked if I would help with the Coolies' Welfare Society which she had founded ten years earlier. She had been a missionary for many years in India but now she was content to earn a modest livelihood by coaching pupils for examinations so that she might work for the coolies in her spare time. In winter she devoted herself to the sweeper class in old

Delhi, teaching them leather-work, at which they, the untouchables, made a living. She had gone about her reforms in Simla in a business-like manner, working through the municipality with some success. She had immense drive, courtesy, patience and infinite compassion, though she concealed this under a brusque manner. An honours graduate of Glasgow University, she was most intelligent and had a rare sense of humour. Fearing no man, she put her trust in God, and great was her faith.

As my contribution, I offered to conduct medical clinics for the coolies, there was a municipal hospital for severe ailments, but their trivial maladies and wounded feet could easily be treated at an out-patients' department. There and then it was arranged that two clinics should be held each week in the shelters, one at each end of the town and at lunch time, so that the rickshaw coolies would not miss a fare.

These out-patients' clinics were a great comfort to the men, whose feet were often badly wounded, they were carefully cleaned, bathed, treated, and a string sandal evolved which kept the dressings on till healing took place. Treatment was given for coughs, colds, alimentary disturbances and eye troubles, they suffered agonies from toothache, for though their teeth were good no treatment was available when decay set in. The resourceful Jennie found an Indian dentist who gave his services free to help the coolies.

Members of the St John's Ambulance came to the aid of the clinics, and Mrs William Tennant, Mrs Webb Johnson and others helped with the dressings. At the end of the season I found that the cost of the clinics had been very small indeed. By treating the men for skin troubles a good service was done for the public of Simla, did they but know it, for many of them suffered from the highly-contagious scabies. The men were given directions for treatment which they faithfully carried out until their skins were clear.

Miss Copeland formed a small committee, the members of which were Lady Raisman, Mrs Shamkar Nath, myself and Mrs Stuart, who got up a poster depicting an exhausted pack coolie together with a moving poem by Hawthorne Campbell upon his tragic short life. This was circulated all over the town and touched hearts magically as never before, the money rolled in, so that much could now be accomplished.

A welfare officer was appointed to look after the coolies' rights and ensure that they did not carry more weight than was permitted under the municipal regulations and to see that they received their full pay. Blankets, cloth, waterproofs and cooking-pots were bought in bulk and sold at cost price to the coolies, their money was banked for them and free soap was doled out each week. Nothing, however, would have been accomplished but for this devoted woman, who did not consider that she was doing anything extraordinary.

On 22 September 1940, we were informed by cablegram that our London house had been irreparably damaged by enemy action and that our next-door neighbours had been killed along with five of their staff. It was doleful news, but we were thankful that the Purvises were away on war service. The house was bolted, barred and put under the care of the war damage organisation - in this case none other than the firm which had done all our building work and knew every stick and stone of the house. At great risk to themselves they salvaged much of our furniture and stored it in an empty house nearby. We would not let ourselves grieve over this disaster, for what were goods and chattels when human life was at stake? This was brought home to me with added force on the following day when it was announced that a ship-load of children travelling to Canada for safety had been torpedoed by the enemy.

I longed to practise my own profession in the war effort, and applied to the head of the medical services asking him to use me in my capacity as a specialist in psychiatry, but it was not till some two years later that women doctors were employed and then with some reluctance. Many women with secretarial or other special experience felt, like me, that they were wasting their time in India.

The External Affairs Department asked me to undertake their French translations and I gladly did so and carried on this work for two years. The St John Ambulance Association organised lectures on A.R.P., which I attended and sat with the others for the examination, but it was the parson's wife, and not the doctor, who passed out first. I was asked to revise the St John Ambulance hand-book, and this I did. But these were all minor activities and did not satisfy me.

It was in Simla that I met the Tika Rani of Kapurthala, and through her I had the privilege of being the guest of many of her relatives. Born Princess Brinda of Jubbal, a hill state north of Simla, she is fair-skinned and beautiful like all her family. Betrothed in childhood to the heir of the powerful Maharaja of Kapurthala, in whose state there had not been purdah for half a century, she was sent to France to be educated, her future husband went to Harrow but they did not meet and marry till school-days were over. Brinda's husband, the Tika Rajah, told me one day that he had been happy, at Harrow but had lived for Saturday afternoons when he could attend theatrical matinées in London. He had a standing order for the same stall every Saturday at Daly's Theatre for *The Merry Widow*. He fell in love with Miss Lily Elsie and, at length, met her, but only once. The occasion was a visit to the theatre of the composer, Franz Lehar, who was so intrigued to hear about the amorous Indian schoolboy that he introduced him to Miss Elsie, and thus remained a tender memory throughout the Tika's life. Brinda is gay and kind and is proud of her three lovely daughters. The eldest, the independent Princess Indira, fled secretly from India and now lives and works in London. We were present at the weddings of the other two, Shushila and Ourmula, who became my dear friends.

It was through Brinda that I met the Raj Kumari Amrit Kaur, who was known and revered throughout India as a devoted secretary to Mahatma Gandhi. This graceful, gentle disciple wore a hand-spun cotton sari, one end of it draped over her head in the traditional manner, which gave her the look of a primitive Italian Madonna, when the sari slipped from her head I was surprised to see how much her face resembled that of Anna Pavlova towards the end of her life. Amrit was ethereal, looked as if a puff of wind might blow her away, and when she took my hand there seemed to be no substance there. Yet she worked prodigiously and, except when in Simla, lived under comfortless conditions, remaining in the plains in the grilling heat for most of the year.

Her father gave up the Sikh religion to become a Christian and surrendered his rights to the throne (*gaddi*) of Kapurthala, his sons took up work of national importance and distinguished themselves in their various spheres. He built a beautiful Italian villa, Manorville, at



Summer Hill, an outpost of Simla, for his only daughter Amrit. English chintzes, flowers, Persian carpets and Italian paintings made a fitting setting for this beautiful and courageous woman. She had for long been Ghandi's right hand, and he stayed at her home in Simla from time to time for rest and a breath of cool air.

The Raj Kumari arranged for my husband and me to meet Mahatma Ghandi alone and we knew that this was a great favour, for rarely had he time for private talks. We arrived before the appointed time and, through a screen, we saw a group of Indians sitting in silent worship and prostrating themselves before him, it seems that the master did not greatly appreciate this adoration of himself and had been known to administer a resounding slap on the posterior to his worshippers and bid them to get up at once.

Presently the Raj Kumari took us into the small unfurnished room and there on a white mattress against white pillows sat the great man, a shepherd tartan plaid on his knees, a Kashmir shawl on his shoulders and a hot-water bottle in a home-made cover on his lap. I must have smiled to myself as I regarded him, for I had pictured him as a rigid ascetic.

He asked me what had amused me and I replied, 'The pleasant sight of you looking so warm and comfortable.' The frail small figure wanted to rise to greet us but we would not allow this and sat down on low stools, so that we were on his level and could look into his eyes, which peered through steel-rimmed bifocals. He gave not the slightest impression of strength though he held in the hollow of his hand four hundred million people, instead, a sense of peace and calm seemed to emanate from him.

There was not a breath of political talk nor any conversation on an exalted plane and we chatted about many homely matters. He was keen to discuss with me many medical questions and was well up in the current medical literature. He had made a special study of dieting and this stood him in good stead during his many fastings, for he knew just how far to go and still keep alive. He laughed at my husband, a soldier, being married to a doctor who actively practised her profession.

'Your husband must be very unselfish,' said he, 'but yours is by far

the more important profession, for his is but butcher's work,' but this was said with a chuckle

He spoke of the bombing of our London house and we told him that neither of us gave it a thought

'One must not think of such things, for in that way madness lies,' said he During the conversation he laughed readily and merrily and often smiled impishly I saw then why Sarojini Naidu, one of his most intimate friends, confided to me that she privately called him 'Mickey Mouse' and others of his intimates called him the Bernard Shaw of India, but all of them looked upon him as a saint.

'I note that your husband and you pay each other compliments, it is well to do so throughout married life' He spoke at length about the Coolies' Welfare Society, wanted to know the future programme and gave the work his blessing He was pleased that Beryl Sumshere Singh, a young niece of the Raj Kumari, was working with me at the out-patients' clinics

He bade us a kindly farewell and hoped that we would meet later, but we never saw him alone again, for as time went on he was more and more surrounded by crowds of Indians He would be seen at his daily prayer meetings, which often opened with an English hymn - sometimes 'Nearer my God to Thee' or 'When I survey the wondrous Cross' Though Ghandi was not a Christian he believed that there was a divine power which guided us all and whom he called God he gave the untouchables the new name of '*Harijans*' or children of God How strange that this man of peace, Mahatma Ghandi became, in spite of himself, the cause of strife, and should himself die violently by an assassin's hand

Not long after this meeting, the Raj Kumari was sent to Ambala prison for some act of civil disobedience in connection with the campaign for freedom for India, but because of her precarious health the sentence was mitigated to house arrest in her home in Simla On one occasion I was allowed to visit her there, and I saw that she was languishing, had shrunk and was grieving over her impotence to help forward the cause which she held so dearly the non-violent effort for the independence of India After Partition, this great lady became Minister of Health for all India and for ten years carried on this mighty

task with brilliance. She has since been working for some years for the World Health Organisation and now undertakes strenuous tours for that body and so helps in no small measure with the health problems of the world.

Invitations came to me for many purdah parties, at which there were usually only one or two Englishwomen present, and I met many Indian ladies who were never seen in public. They enjoyed these parties and the opportunity to become acquainted with each other in Simla, since they came from widely-separated Indian states. These were colourful gatherings, and the saris, in self colourings or in gold and silver tissues with wide Benares borders, were gorgeous. Many wore skin-tight gold lamé trousers with gauze over-shirts, jewelled bands on their heads, and some of the younger girls wore gold sequins on their cheeks and gold dust on their eyelids, *Bakst's famous costume designs for the ballet Scheherazade* were no more decorative than these. I wore my best lace dress but it was my Victorian bracelet that stole the show in all that galaxy of jewels, simply because the purdah ladies had never seen one like it before.

Her Highness the Dowager Maharani of Faridkot was the senior lady, a 'queen' in her own right, and surveyed the proceedings with an observant eye, most intelligent and well-read, she was strictly purdah, and her servants carried a kind of serpent awning which stretched from her rickshaw to the front door so that she could not possibly be observed. The Maharani of Patiala was, in my opinion, the most lovely being I have ever seen, with her lotus skin and almond eyes as she sat still and silent like a water-lily on an unruffled pool. The best-loved Englishwoman at these parties was Mrs Clermont Skrine, the wife of the Chief Political Officer for the Simla Hill States. She sincerely loved the Indians and they reciprocated, especially the girls, for whom she did much to make their young lives brighter.

It seemed to me strange that purdah had persisted for so long among the ladies of noble families, for many of them had been educated at Queen Mary's College in Lahore, which was staffed by distinguished English mistresses. The cheerful little Maharani of Faridkot begged me to plead with her husband to let her come out of purdah for, as she said, she and her sister-in-law, Pansy, had to stay at home while their young

husbands were out enjoying themselves every night. At length I promised, rather against my will, to do so, and in consequence thunder descended upon my head.

'How can you ask me to do that? I would rather see my dear wife dead at my feet than that she should come out of purdah.' He never quite forgave me for my indiscretion.

Shortly after Partition, we were invited to dine and dance at the Savoy Hotel, London, by the Maharaja, and there were all the Faridkot ladies in resplendent saris, dancing unveiled and greatly enjoying themselves. The Maharaja observed that I was amused and gave me a knowing wink which closed the subject of purdah with a laugh.

The following year we came up to Simla again, but now, instead of staying in an hotel, we had a beautiful home, with enough accommodation to invite our friends for holidays and to put up strangers, among them Americans, who were arriving on all sorts of missions. The house, Stirling Castle, was built on the top of a hillock with splendid views of the Himalaya ranges, white and blue in the distance. We were lent it by the Raja of Nabha and much enjoyed its amenities, for it was fitted with baths and plumbing, which only a few houses in Simla possessed, the servants' quarters were lit by electricity and had running water. There were two private rickshaws and the coolie teams thrived under the good conditions of living, for they also had comfortable living quarters and were proud of their colourful new uniforms.

This was the last year that the Government of India came to Simla for the summer, for the war effort had become more strenuous and Simla was too far away from the centre of activity to be practical. It was not, however, the last I saw of Simla, for when I became the director of the Red Cross Welfare Service the headquarters were there all the year round. Simla was too much off the beaten track and many wearisome journeys had to be made in order to pick up a train or plane when touring the welfare centres. No wonder the Government decided to remain in the plains, however sultry, during the war.

## Delhi

AT THE END OF THE SUMMER the population of Simla prepared themselves for the great trek to Delhi. Coolies and job-porters, bearing incredible loads, brought their goods to the station. The departures were staggered so that there should not be congestion by road or rail. Some swirled down the hill road in motor-cars garaged outside the town, others went by the rack-and-pinion railway, leaving the cool hills behind for the heat of the plains at Kalka. There, we entrained in the evening and in the early morning arrived at Old Delhi station: this, like nearly every Indian railway station, was a seething mass of humanity, hundreds sleeping with their bundles on the platforms.

Old Delhi seemed faded and unkempt, though later, when I came to know it, I felt its wistful charm. Even the great rubbish bins, the garbage, the sacred cows paddling aimlessly about could not utterly spoil the romantic *principal street*, a rich one indeed, the Chandni Chowk. The great mosque, the Jumma Masjid, looked forbidding in the morning light, but on misty evenings, when its domes seemed to float in the air, it was superb.

New Delhi was some miles on, built on a colossal plan that at first sight was overwhelming. The Viceroy's House was a glorious building of oriental splendour, its Moghul gardens in keeping with its period. Within, there was an English luxury, which was strangely at odds with the hordes of servants in scarlet and gold with great white turbans who sat cross-legged in the corridors, ready to jump up when required. They kept up a continuous low chattering when no one was in sight and doubtless knew everything that was in the air. The Viceroy's

House was a fitting setting for the representative of the British Raj and was certainly more splendid than most royal palaces

The environs of New Delhi were fascinating, and there were traces of the ruins of former cities, of which there had been seven, this regal, twentieth-century city being the eighth. Monsieur Clemenceau, when he surveyed New Delhi from the top of the George V Arch, is said to have declared, 'This will be the noblest ruin of them all'—a left-handed compliment but in keeping with the Tiger's mordant wit.

The more I saw of the relics of these old cities the more beautiful they seemed. They were quite as interesting as those in the environs of Rome, though they lacked the joyous and uplifting beauty of Grecian remains. The Purana Kila, Humayan's Tomb, the Lodi Tombs, Safdar Jung, Haus Khas and the Kutub Minar were all well-cared for and blooming with flowers. At night, many were lit up to indicate their position to air pilots, and this added not a little to their glamour. The Indian populace thronged these tombs on Sundays and, with their children, spent the day wandering there, leaving no litter behind. India owes much to Lord Curzon for clearing the tombs, which, over the years, had become quite overgrown and were the haunt of panthers and wild cats.

At first, there was no accommodation for us in Delhi, but General Sir Clement Armatage kindly took us in until the house that went with my husband's post as Chief of Staff became vacant. It was one of the many homes for officials built by Lutyens, but they had none of the fine lines of the public buildings and little convenience. There was certainly plumbing, but all the domestic water had to be heated over a wood fire in the garden and carried into the house, though with so much domestic help this was little hardship.

As soon as I arrived in Delhi I set about trying to start a venture which I was almost sure would be a money-spinner for war charities. It was an idea which came to me in Quetta, where I observed the constant migration of families and the difficulties that wives encountered in setting up new homes in which they could live comfortably and hygienically. Most of the parents had young children and consequently much impedimenta, and when the time came to pack up for another station they were obliged to leave behind many essential

possessions – buckets, prams, cots, baths, pails and kitchen utensils, as well as clothing which the children had outgrown. Objects indispensable to the comfort and efficiency of living are moved with difficulty and expense in India, so shortly before the departure of the family the 'Kabari Wallah' descends upon the bungalow, when the goods change hands for virtually nothing.

The families who replace those who have departed have likewise disposed of their goods and are in need of the very things that have been discarded by their predecessors, and thus was obviously taking place all over India. The necessary articles, therefore, had to be bought at a higher price in the Kabari Bazaar and meantime they had deteriorated owing to the poor shopkeeping conditions.

If this constant buying and selling could be turned to account for the benefit of war charities there would be set in motion something of mutual help. I visualised some sort of eternal jumble sale, and it seemed that this might prove to be a sound business proposition.

I resolved to try out the idea in Quetta, but just as the arrangements were completed my husband was transferred to Delhi – Simla at very short notice. The 'Thrift Shop' being experimental, there was no one willing to take it over, for I could not promise that it would prove a success. The project was thus nipped in the bud and did not come to maturity till some six months later in Delhi.

I spoke to many people about it, but nobody showed any interest till one day I met three attractive young women in the club, who by their talk showed that they were eager to throw themselves into some active war work.

Posters and handbills were distributed, notices flashed on cinema screens and goods came rolling in. As soon as I found free accommodation the Thrift Shop opened in a central position in Delhi and became a popular meeting-place where people could laugh, gossip and buy, besides bringing goods for sale.

As soon as our Thrift Shop had proved to be a practical proposition, I was able to explain the idea through the pages of the *Statesman* newspaper and suggest that there might well be such a shop in every town and cantonment. Those interested were asked to write for particulars, or to come to be coached for the work. There was a good deal to learn,

for the 'Thrift Shop' was run on certain principles and without any overhead expenses

Very soon Thrift Shops sprang up all over India, each having its own personality suited to the needs of the locality, and each calling itself by whatever name was chosen, such as 'Victory', 'Bomber', etc. Each gave its takings to whatever war charity seemed to need it most and each was free to develop on its own lines

Soon after arriving in Delhi, I was asked if I would broadcast on psychology and psychiatry, and this I declined to do, as I thought it inappropriate to speak on my own speciality. I took part, however, in a series called 'There was a will' and 'If I were twenty-one again' and found that I enjoyed preparing and timing the scripts. One day, in the studio, I heard by chance a recording and, asking whose was the pleasant voice, I was told, greatly to my surprise, 'It's your own.' This experience was good for me, though it came a little late in life. I had always disliked the sound of my voice, which I found rasping and ugly. If I had been told in youth that I had quite a good voice I surely would have used it to better purpose.

I was later asked to give cultural talks and agreed to broadcast on composers, operas and the ballet, provided there was no one else better qualified to do so, for I was only a devoted amateur and very aware of my ignorance. I had to rely mostly on memory and long musical experience, for there was no reference library in Delhi, though fortunately there were excellent bookshops.

I soon began to get a fan mail and found that what India had liked best was the series on the lives of composers given with excerpts from their compositions. The life-stories of Schumann, Mozart, Schubert and Beethoven deeply moved the listeners and they wrote to ask for more. Many Indians wrote in endearing terms and one of the most flattering to a middle-aged woman began 'Dear golden-voiced girl'.

In the early days All India Radio spoke from an ancient bungalow in Old Delhi cooled by fans. These had to be turned off while broadcasting took place, so that the speakers were all but overcome by the heat. Later on, a splendid new Broadcasting House for All India Radio, a circular building, rose in Delhi, it was air-conditioned and most



comfortable This was largely due to the energy and drive of Professor A S Bokhari, the Director

Mr de Mellow, a member of the A I R staff, and I sometimes gave short poetry readings These rarely lasted for more than ten minutes, for we felt that was all that listeners could take even with the best readers – which we certainly were not, though we both loved verse and often spoke from memory Indians love European music and English poetry, finding it perfectly easy to follow Unfortunately, the English find it difficult to reciprocate in respect of Indian music I may justly be called musical, but it took me a very long time to understand and follow it and, though I am constantly hearing it, it still gives me little pleasure

At about this time I was asked to be music critic for the *Statesman*, the foremost newspaper in India The duties were not onerous, for there were few visiting professional musicians except those who came to entertain the troops, outstanding among them was Solomon the pianist, who stayed with us while in Delhi Professionals were criticised without fear or favour, but the many amateur entertainments that were arranged with so much zeal were let down gently and constructive criticism offered One of the loveliest entertainments was *A Midsummer Night's Dream* staged in the Lodi Tombs, the *décor* was by the well-known artist, Berkeley Sutcliffe, who generously gave me three of his exquisite costume designs

## The Women's War Effort in India

THE ORGANISATION OF WOMEN'S WAR WORK made rather a late start, but once begun it quickly gained momentum and rapidly spread throughout India. It was surprising to find that so many Englishwomen had specialised knowledge of one kind or another. Many had been trained in secretarial work, others in domestic economy, and quite a number were state registered nurses. Every woman who wished to serve could find a place in one of the various organisations.

Besides these services, a great deal of quiet work was going on all over India, not only in British India but also in the Indian states, where the ladies spent much of their time sewing and knitting. Many groups got up entertainments in order to collect money for the war effort, and the 'Thrift Shops' were coining money and giving large sums to the Indian Red Cross and other organisations.

The Red Cross and the Order of St John had long been established in India and now continued their work jointly, on an ever-expanding scale, till it became a colossal undertaking.

In due course there came into being the Women's Army Corps (India) - W A C (I) - which was at first directed by Lady James and later by Lady Carlisle. I had nothing to do with this organisation, but I know that it did excellent work, which attracted to it many English and Indian women and also members of the Anglo-Indian community.

Shortly afterwards, the Women's Voluntary Services were organised, at first in Delhi and then throughout India. Mrs John Godfrey directed the service and proved herself to be an excellent

administrator The W V S work was outstanding and was greatly praised during the Burma campaign by all who benefited from it

The only services of which I can speak with any knowledge and authority are the Auxiliary Nursing Service, of which I was chairman of the Ladies' Advisory Committee, and the Indian Red Cross Welfare Service, of which I was director

The Auxiliary Nursing Service was the earliest in the field, for the medical authorities recognised by the end of 1940 that the existing arrangements for increasing the number of certified nursing personnel were totally inadequate With infinite wisdom and experience those most concerned devised an auxiliary service for which a shortened nursing training was given The scheme was worked out by Sir Gordon Jolly, the Director of Medical Services, India, Sir Cameron Badenoch, General Hamilton, the Chief Principal Matrons, Miss O'Connel, Mrs Wilkinson, Miss Patterson, and others Miss E Hutchings was appointed matron of this new service, and she filled the part admirably from its beginnings, no one could have been pleasanter or more efficient

My committee met at frequent intervals and advised on matters relating to recruitment, training, terms and conditions of military service The scheme aimed at producing, within the shortest possible time, a large number of partially trained nurses, capable of rendering assistance under supervision in either civil or military hospitals, and in due course 3,400 were enrolled

The A N S developed in many ways throughout the war years, and plans were made to enable its members to take their full training on advantageous terms This service appealed specially to Indians and to members of the Anglo-Indian community They made good nurses, gentle and kind Some of them served in Iraq, Iran, Egypt, Italy and, for a short time, in England

During the early part of the war, when there was a comparatively small number of casualties coming to India from the Middle East, local voluntary effort provided fairly adequate welfare services for Indian troops in hospital With the development of operations on the Burma front and the influx of large numbers of casualties from wounds and

disease it became necessary to provide such services on a comprehensive all-India scale. The Indian Red Cross, which was already doing excellent work in other spheres under its Chief Commissioner, Major-General Sir Gordon Jolly, decided, therefore, to establish an Indian Red Cross Welfare Service.

Not very long after its formation, I was asked to accept the appointment of Director of the Service and I established my headquarters at the main offices of the Indian Red Cross in Simla. I was fortunate in having had an opportunity to study the parallel organisation under the British Red Cross, which had proved itself in the Middle East and elsewhere. There were, of course, special problems in India, where it was decided from the beginning that members of all races and creeds should be eligible and encouraged to join.

The aim was to establish one welfare worker for every 250 hospital beds and their duties included the organisation of hospital libraries and entertainments, Red Cross storekeeping, kitchen superintendence, teaching of handicrafts, letter-writing for patients (many of them illiterate), shopping and postal services.

Another important function was 'Search', which involved detailed inquiries respecting the wounded and missing. As the Japanese never provided any list of prisoners or dead this work became of ever-increasing importance. Perhaps the most valuable work was diversional therapy, that is, providing convalescent and permanently disabled patients with something to occupy their minds and hands, thus helping their rehabilitation.

The direction and organisation of these activities was very much a full-time job and involved a great deal of touring. In the course of my duties I visited nearly all the big hospital centres in India, as well as Burma and the Andaman Islands. We also sent to Ceylon, the Middle East, Iraq, Persia and Italy, detachments composed mainly of Indian women, to look after the special interests of Indian troops in hospital. After the end of hostilities, parties of welfare workers were sent as far afield as Japan, Singapore, Malaya, Java, Sumatra, Borneo and Rabaul.

My tours usually involved the double train journey between Simla and Delhi and thence by air, or in very crowded trains, taking several days on the way. Some of the air passages during the monsoons were

decidedly hazardous, and in consequence I paid some very unforeseen visits to places which had no reason to expect me

On one occasion the only aerodrome my pilot could find which was not flooded was a 'hush-hush' one engaged in dropping agents into Burma or Malaya. Needless to say, I was regarded with considerable suspicion until I was able to satisfy those in command as to my credentials.

The work was important, it was greatly needed, and it required the sort of experience that I had been fortunate enough to acquire. There were, of course, frustrations, and a good deal of tact was required to get those who were already doing excellent voluntary work to accept the necessity for a full-time paid service and some measure of control through Regional Headquarters. Everything possible was done to enable such people to continue their work under conditions congenial to them, e.g., by accepting people either for general service or for local service only.

One of the major problems was that of training the workers. Goodwill and enthusiasm were not enough and a number of six-week courses were organised so as to start them off imbued with lessons that had had to be learnt by their predecessors in the hard way.

One of the most rewarding aspects of the service was the happy co-operation between British and Indian women, and with Anglo-Indians. In this connection I must refer especially to Miss Sherene Rustomji, a Parsee lady, and Miss Manningham Buller, who were closely associated with my work at headquarters and in the field. A welcome reinforcement was provided by some seventy members recruited in England by the British Red Cross for service with the Indian Red Cross. A certain number of men were also recruited in India for service in conditions where for one reason or another women could not be employed. The Welfare Service eventually totalled over 500 trained workers distributed over an enormous area.

On the cessation of hostilities there were, of course, a large number of Indian soldiers still in hospital in India or in the course of evacuation from overseas. There was also the major problem of caring for the prisoners of war who had been in Japanese hands, most of whom had suffered unparalleled hardships. Malnutrition, physical and mental

exhaustion, and lowered morale all called for intensive efforts by our workers if these men were to be rehabilitated and enabled to lead a normal life

Before I left India I drew up, in conjunction with my colleagues comprehensive proposals for establishing a peacetime Welfare Service for both military and civil hospitals. Unfortunately, the arrival of self-government, Partition and the disorders that accompanied it, prevented any full development on these lines. The Indian Red Cross, however, still carries on its good work, and as time goes on it will no doubt widen its activities to meet the needs of the people

## People and Places

IT WAS IN MARCH 1942, that I first met Mrs Vijaya Lakshmi Pandit and, later on, her brother, Jawaharlal Nehru, and this family included many members with whom I was on friendly terms. Mrs Pandit is still most attractive but at that time she was young and very beautiful and, though she had sacrificed much for independence and had been imprisoned, she had not yet experienced the responsibilities and cares which a key post demands.

Since then, her development has been great and her prestige has grown with the years, but she has retained her gentleness and charm. Ambassador to Moscow and also to Washington, Chairman of U N O for a time and now High Commissioner in London, she works incessantly, but seems to have found the secret of inner peace and tranquillity and tirelessly pursues her smiling way.

Her famous brother has some of this same tranquillity. At that time, he was still young and in no way harmed or embittered by the eleven years he had spent in prison, sometimes in solitary confinement. He has changed very little in appearance since then, a slight and most distinguished figure with finely-cut aristocratic features. He still wears the white cotton Gandhi cap, the jodhpurs and long white *atchikan* (frock coat) with a flower in his buttonhole. He remains an enthusiast for Yoga and told me that he often answered the telephone standing on his head!

If anyone expects me to say something about the political situation at this time he will be disappointed. I met the Nehru family on social occasions and never once did they show by the blink of an eyelid that there was a political crisis. Never once did they speak of the war situation, or of that in India, or embarrass me in any way.

I could not help sympathising inwardly with their cause, the non-violent struggle for the independence of India. I had taken part in a similar effort, that of 'Votes for Women', in which I too had played a non-violent part though greatly admiring those who were self-sacrificing enough to become militant. I expect that my Indian friends knew instinctively that I hoped for their ultimate success in obtaining independence.

The world now follows Pandit Nehru's every move and he is a power not only in India but in both the East and the West. However much he can be criticised, no one can deny that he has stayed the course since Partition in 1947 in a remarkable manner, has kept his mental balance and physical health, and that he will work to the end for world peace.

There could not have been two men more unlike than Jawaharlal Nehru, the leader of the Hindus, and Mahomet Ali Jinnah, the leader of the Muslims. He came up from Karachi to Simla to enjoy the cool weather, but I never saw him in the company of an Englishman or even a Muslim. Though I often sat at the next table to him in the Cecil Hotel, I never received a nod or smile from this strange being. He was as tall and straight as a ramrod, thin to emaciation, immaculate in his attire of baggy white trousers, long black *atchkan*, an astrakhan fur cap on his head, and patent-leather slippers on his feet.

He walked breast forward in Ziarat, Simla and Delhi, and no doubt in Karachi, looking neither to the left nor right. There was something fanatical and sinister about him, or so it seemed to me. Nevertheless, he was looked up to by the Muslims as something near a deity. He was not greatly in the public eye in those days and few but the high officials seemed to think much about him.

One Englishman, however, seemed to get near him, this was Mr James Holburn, *The Times* correspondent. One evening in Simla, Mr Jinnah went to Viceroy's House to a very important conference with Lord Wavell.

'How did you get on?' asked Mr Holburn.

'I don't know,' said Mr Jinnah. 'I said all I had to say and Lord Wavell answered never a word, so I don't know if he heard me. I'll



now go home and write it down and send it to him.'

The silences of Lord Wavell were of course notorious, but what, if anything, did this one indicate? The bloodshed of Partition is now over, but alas, it is not forgotten. The British, the Hindus, the Sikhs and the Muslims have all in turn been blamed, but who shall ever know the root cause of it all?

The most outstanding woman I met in India was Mrs Sarojini Naidu, and I felt most privileged that *she should show friendliness and even affection towards me*. She was a leader of the Women's Movement, a clever politician, a faithful friend and follower of Mahatma Gandhi, and had undergone terms of imprisonment in the cause of Indian independence.

The first time we met I told her that I was looking forward to reading her poems when I knew the language better.

She laughed heartily and replied, 'My poems are written in English, *not one is in an Indian tongue*.' This gaffe of mine seemed to cement our friendship and she came to our home from time to time, when we gathered sympathetic men and women to meet her. This she greatly enjoyed, and our friends were amazed at her brilliance and charm, her wit and humour.

She was then in her sixties, a rotund and comfortable figure swathed in voluminous saris, which suited her ebullient personality. Saris of crushed vine, lemon, carnation, tangerine and parma. *there was always a flower in the coil of brindled hair which she wore at the nape*. She was very dark, almost negroid in appearance and, but for her radiant expression, would have been voted not merely plain but ugly.

She was the most eloquent speaker I had ever heard, man or woman, a spell-binder, she could summon the furtive tear from the stoniest character but more usually called forth laughter. There was obviously no bitterness about her, and imprisonment had left her the picture of health and jollity, her glorious sense of humour and fun had carried her well through life and did so till the end. After Partition she was appointed Governor of the United Provinces and it is said that only she could have kept the peace there at such a critical period.

Early in February 1942, Chiang Kai-shek and his wife paid a few days' visit to New Delhi, and one day I received an unexpected 'phone call to say that Madame Chiang Kai-shek wished to see me in half an hour! 'Madame makes snap decisions,' explained her secretary Sarojini Naidu had received a similar summons and also young Mumtaz (Tazi) Shah Nawaz we were a strange trio, Hindoo, Muslim and Christian.

Mrs Naidu was at her gayest, radiant in crimson and damask roses, and if she had not met Madame before they had many mutual friends. They had apparently gossiped about old days in the U S A., and Mrs Naidu had teased her about all the young men who were dying to marry her when she chose 'that old Chuang' instead. About the international situation or Anglo-Chinese relations I heard not a whisper, though doubtless this was thoroughly discussed.

Tazi's diaphanous sari was of rose and silver, and she was dancing with excitement. Why she was summoned I know not, but she was certainly an important young political rebel in one of the Muslim factions. She told us that Madame had asked her to recite her best poems and said to me

'If only you had been there to say them for me, for I never knew how good my poetry was till I heard you read it.' This young goddess did not write much more poetry, for very soon afterwards, while *en route* for the U S A., her plane crashed in the Shannon and she, alas, with it.

My summons had come because my husband was at that time commanding the troops in Burma and had had frequent conferences with General Chiang Kai-shek and Madame, for whom he had both respect and admiration.

I said nothing of my interview to the others, for I was still under the sad spell of Madame. I had found in her a pathetic shadow of the picture built up of her throughout the years: that of a steel-strong supporter of the age-long war in China. A tall willowy figure, exquisite and delicate, the thin pale face was delicately moulded, her modern Chinese gown was of old brocade, her jewellery the greenest of jade, and her long fingers were tipped with pointed nails in the Chinese tradition. She seemed to me a perfect Chinese figurine just unwrapped from its tissue paper.

Her voice surprised and shocked me, it was so out of keeping with her appearance, being strident and the accent strongly American. We sat at first by the fire, for in February it can be cold in Delhi, and it did not seem strange to do so as Madame was obviously exhausted. I ventured to say that I thought she looked tired and as if she was working beyond her strength. She replied that it was so and that this constant travelling by plane was slowly undermining her health, for she was always air-sick. Pulling up her sleeve she showed me a rash which was definitely of nervous origin and produced by sheer strain in this highly sensitive being. She was forcing herself, defying hardships and ill-health to help the cause her husband had sponsored. Surely this was high courage, especially for a woman who obviously loved home and beautiful surroundings.

She told me that she had bought in Delhi every available scrap of vicuna, of which China had been starved for years. Chinese mothers used to sew a square of this cloth on the shoulders of their dresses so that the baby had a soft substance against its face. This precious vicuna cloth would be distributed to the Chinese mothers.

There were receptions at Viceroy's House for the General and his lady, at which he made an excellent impression. 'He looked one straight in the eye and was so sincere,' said the women *en masse*. Alas, they did not appreciate Madame and were strangely critical of her. 'She is too well-manicured and perfumed to be serious,' and thus they discussed and promptly forgot her. They had not seen and heard of her sacrifices, her ardour and her courage, or they would have been kinder and more understanding.

During my seven years' sojourn in India, I was able to see many of her wonders, for in the course of my war work I had to make frequent tours, either by lengthy train journeys or by plane, which saved literally days of time.

It is, however, only the places of more personal interest to me that I would try to describe, not with any idea of architecture or history, but just their way of life, which differed enormously between one Indian state and another.

I had been a guest at Udaipur, where the palace floats on a great pale

blue lake, at Gwalior, with its great bastioned castle, and at Jaipur, a spacious city of light, pink amber and ochre in colour. Nearby, I visited the beautiful old palace of Amber, riding up to it on elephant-back.

As guests of the Nawab of Bhopal and his handsome Pathan Begum, we were able to visit the stupas at Sanchi and to have the director in charge of these ruins to explain them and tell us something of the Osoko period. It was piquant while at Bhopal to be offered a cocktail by a cockney butler, and after luncheon to step from the dining-room into a luxurious swimming pool!

Some of the atmosphere of these great Indian states will remain for a long time but none of them with quite the same opulence. Some have already disappeared, others are fading rapidly and probably within the next two or three generations they will be a thing of the past.

My husband and I received much kindness in the Indian states, but three I would single out because of the great friendliness, the fun, the glamour, the whole colourful panoply which cannot be described in words alone. In all of these there was, as in life in general, tragedy and heartbreak, especially for women, but there was also comedy enough and on occasion such innocent gaiety as I have never seen matched elsewhere.

We were invited by the Maharaja of Patiala to his Durbar, for which he had a large house-party, all young and congenial people. Besides government officials and a great many Maharajas, Rajas and polo teams, there was an amusing collection of sports professionals in cricket, tennis and golf, for there were to be many matches.

I had first seen His Highness when he was emerging from a forest with his hunters, and he looked like a mediæval knight, a leopard-skin helmet on his head, peaked so as to fit the topknot of hair which must be worn by all Sikhs. Bearded, young and handsome, he wore a leopard-skin tunic and, riding a fiery pony, he galloped along brandishing a spear, for he was boar-hunting.

Now he was the gracious host, for the Maharanis were of course in purdah, and though I could visit them they were invisible to others. I expect they knew all that was going on, for I was told very secretly, 'Remember, these walls have both ears and eyes.' Our rooms were

luxurious but as big as a town hall, and we thought no more about the listening walls

On the evening of our arrival there was a state ball and, dressed in our best and with our modest jewels, we descended to the ante-room and scanned the programme for the week. The first item was the Maharaja's Durbar ceremony the next morning

'Will you wear many jewels?' one of the ladies asked the Maharaja

'Would you like to see some of them?' said His Highness, the answer was a chorus of 'Yes' We were led to the royal jewel room where box after box was displayed to us There were emeralds and rubies galore, most of them in very old settings and very badly cleaned There were yards and yards of pearls as large as marbles and some of them as discoloured and dead as a codfish's eye

'Maharaja Sahib,' said I, 'these pearls should be worn and nourished by natural skin oils to get back their lustre'

'But these are the crown jewels, and the Maharanis all have their own beautiful collections,' said he

And then I took up a diamond *collet* necklace, a piece of great brilliance, and said I thought I knew this jewel, and that it had once belonged to the Empress Eugénie His Highness told me I was quite correct and asked me how on earth I knew I told him that I recognised it from a picture in our childhood home of which I was very fond

'Will you wear it tomorrow?'

'Yes, it hooks on to my tunic and takes up no room. Would you like to wear it this evening?' I was asked, but I carefully cradled it in its original case

Do precious gems pictures or houses, ever really belong to any one person or family? Circumstances of the ever-changing world ordain that ownership is a very temporary affair In some cases, nowadays, such possessions are regarded only as investments, for it seems clear if we are to judge by recent picture sales, that there is always someone able to give fantastic prices for what they wish to acquire

That evening there was a jovial dinner with flowing champagne, and presently we heard strains of music coming from the ballroom Here was seated a large orchestra, mostly of young Sikhs, under their conductor, Herr Geiger, a Viennese It seemed incredible that in a few

years he had taught these completely untutored lads to play Viennese waltzes as well as they did. Soon the polo players were on the floor and we were all swaying to the Viennese rhythm. This went on till the early hours, when we danced a *farandole* at breakneck speed through the state rooms and, exhausted, repaired to our bowers.

In the morning, we were all in a colourful *shamiana*, seated each one according to his rank, and, preceded by two lovely dancing girls, the Maharaja was led to the *gaddi*, this is a low, cushioned throne on which His Highness sits cross-legged, immobile, dignified and aloof. In his uniform of scarlet and gold, a high white turban almost hidden by a diamond tiara on his head, eight strands of huge pearls and other trinkets such as the Empress Eugénie's necklace, he was an imposing sight not only by virtue of his accoutrements, but because he was also the handsomest man I had ever seen.

We knew the Maharaja's brothers, whom he greatly resembled, very well, for they were popular wherever they went, and were known as Prince Peter and Prince Billy. The Maharaja's mother, known as the Dowager Maharani, received me, most intelligent and capable, she talked over and explained many things to me. Telling her how much I loved her sons, Princes Peter and Billy, she told me they were not her sons. "Shall we call them stepsons?" she added.

This devoted widow of the former Maharaja had under her supervision the royal nurseries, in which it was said there were still some fifty children who were being brought up with infinite care. The fact was that this great Patiala ruler, for on all sides he was so regarded, was ambitious to have many fair children. Later, I heard from the English wife of an Indian official at Patiala of the great pains that were taken to select fair girls from beyond the Simla hills, vet them, reject them and polish them so that His Highness might choose the finished article.

This state of affairs did not seem to disturb the Dowager, who treated the matter with dignity and common sense and I understand that the children are now all educated and settled in various spheres of life.

Not long after our arrival in Delhi we received an invitation from Mr K. P. S. Menon to stay with him for the coming celebration of the Durbar at Bharatpur state. He was a brilliant member of the Indian

Civil Service whom we had known in Quetta and whose graceful wife and clever children had delighted us. He was now Dewan of Bharatpur state, and we gladly accepted his alluring invitation.

The young Raja of Bharatpur and his brothers and sisters had spent most of their lives in England, where they had been brought up by a kindly English family to whom they were devoted. Their early childhood had been unhappy, and I felt that this must have accounted for the look of sadness that often clouded their bright faces and for the sorrowful expression of their beautiful eyes.

Their father had been deposed for a time for overspending and was probably mentally unbalanced, and their mother was tuberculous. A wise British Government saw to it that the children were well-cared for and educated in a manner suitable for their future destiny. This was the Raja's first Durbar and must have been an ordeal, for the sudden transition from England to India in wartime was not an easy adjustment to make.

Bharatpur state is situated near Agra, which is no great distance from Delhi, and on the way we stopped to look at the Raja's summer palace at Dig. Here we lingered long, enjoying the Moghul Gardens and the ingenious manner of watering them. Everything known at that time for keeping the palace cool had been provided. Water ran under marble terraces, fountains played, the air within was appreciably cooler and the running water was a delight to the ear. Later, when Bachu, the Rao Raja (Crown Prince), took us on a personal tour of Dig, he paid little attention to the beauty of the architecture.

'There is the bed that all we children slept in together,' he said, pointing to a twenty-foot contraption of linen stretched upon iron. Below this bed were water channels and, as Bachu said, 'We were many and naked, but we were cool.'

We were not accommodated at the guest house but in the Dewan's home, and Mr Menon told us something of the tragic history of the state and of his hopes of the young ruler, which were high. He had selected the English guests so that they might make friends with the Raja and be of help to him.

The great day of the Durbar came and it was as unlike the ceremony at Patiala as possible. There were no joyful dancing girls, much less

colour and glamour, and a strange, sinister, almost evil atmosphere pervaded the palace. The English guests were not placed in the Durbar Hall, but looked down upon the ceremony from a balcony. There sat the Raja, cross-legged on his cushions, his blue tunic covered with jewels, a great aigrette in his turban, jewelled sandals on his feet. The royal servants behind him kept up a continuous swishing of horse-tail whisks and fans. He sat as to the manner born, motionless as an idol aloof and apart. One by one his staff, relations and chief subjects proceeded with dignity towards him to render their tokens. These were acknowledged with an almost imperceptible gesture of something like disdain and it seemed almost as if the young Raja were over-playing his regal part, but he was conscientiously doing what was required of him.

The queerest looking men had come to pay their homage, including all the older relatives, among them many who looked like the wicked uncles of the fairy tales. Presently a line of thin, tall, stooping men, almost giants, approached the *gaddi*, all strangely alike, grotesque and almost sub-human. I asked who they were and was told they were probably in the third bastard line, while another group who were undersized might be in the seventh.

The Durbar was carried out with dignity, and everyone was very satisfied at this auspicious beginning. How distant it must have seemed from Bexhill-on-Sea where the Raja had been brought up – nothing more unlike that little watering place could possibly have been imagined.

We met the Raja, who later became our very dear friend Indu, at dinner. He was short and slight but his carriage was so good that he was not insignificant. He wore a large black pearl in one ear, a white one in the other, not only on this day but always.

We saw Indu often on his visits to Delhi and he was apparently proving a model ruler. There was money to be saved but he was no spendthrift and was leading a blameless life. The following year he married a high-caste Princess of Mysore, who was thirteen years of age, and thus seemed to make the rather morose Indu somewhat more cheerful.

We did not visit the state again till the following year, when the



traditional annual duck shoot, at which we were his guests, was to take place. Many Englishmen and their wives were invited, together with Maharajas and Indian noblemen, for everyone felt greatly honoured to take part in these famous shoots.

Most of the guests, including ourselves, were accommodated in Indian tents so spacious that they seemed like private bungalows, and everything was arranged for our convenience, for it was a well-organised affair.

Bharatpur observed strict purdah and the little Rani, now fourteen years of age and the mother of a daughter, gladly kept to this, as she had done at Mysore. I did not get to know her well during those two days, but had the privilege of being the only Englishwoman to meet her, probably because I was the most senior of the guests. Our introduction took place in the palace, I learned that her name was Shri and that she had heard that we were friends of her husband.

She was a tiny being with a piquant little face, her dark luxuriant hair coiled on the nape and intertwined with exotic white blossoms and pearls. She wore a gauzy sari with jewelled sandals on her slender pink-toed naked feet. She had so much innate dignity that at first I was quite afraid of her and hoped that in no way I should offend against the strict protocol.

'Shall we visit the guns?' she said, and I gazed in astonishment that this was possible for a purdah Rani! Presently there arrived several sturdy portresses bearing a Moghul tent, looking like a dome from which curtains hung. The tent was securely fastened up and in the most stately manner Shri and I followed the guns and spied the duck shoot through peep-holes in the curtains. We trudged along for some time over rough ground and beside a lake where cranes were flying. When I advised the delicate little Rani that it was unwise to wet her feet as she was doing, she graciously agreed and we went back to tea at the palace. I was thankful that this fantastic experience was not repeated.

A bag of three thousand duck was made on each of these two days and on departure all the guests were generously supplied with game. Everyone agreed that the new Raja was an excellent host and ruler, and sent kind messages to the invisible Ram.

I heard afterwards that this little Rani had borne many daughters.

but no son and that, worn out too early in life, she had faded away. Life was not easy for purdah ladies, however high their station, and we must be thankful that it no longer exists. Mahatma Gandhi and Pandit Nehru have ever recognised the power of women's work and influence and they now have full political and legal equality with men. Moreover, women have been given government posts of great responsibility, which they have filled admirably.

The Indian state which I most loved to visit was that of Kapurthala, which lies not far from Lahore. There I was considered one of the family and felt completely at home. This was, of course, due to my friendship with Tika Rani Brinda, and it was at her villa that I always stayed. This lovely home had been given to Brinda and her husband on their marriage and was situated in the palace grounds.

The palace itself was built in Victorian times but was in the style of the palace of Versailles and furnished throughout in the French manner. The Maharaja, now in his sixties, greatly admired French civilisation, spoke faultless French, had a French chef and surrounded himself with those who could converse in this language. He entertained on a magnificent scale, for the state was rich, and he was very popular everywhere.

Kapurthala is a Sikh state, though on first meeting the Maharaja there was nothing to show that he belonged to that religion. Early in life he had had his beard shaven, his long coil of hair cut off, and he usually dressed in European clothes. He had spent most of his summers in France, with prolonged visits to London and New York.

He was criticised by the Sikhs for his deviation from the rules of their sect, and was made to pay great penance for it. The wise men at the Golden Temple at Amritsar told him that because of his lapse from faith there would be no male heir until he atoned.

The burden of all this fell upon poor Brinda, for she was not a Sikh and though she had borne three lovely daughters, no son was forthcoming. Anxious to see what could be done for her condition, she went off to her flat in Paris, followed all the available advice, and then set off to enjoy herself among her many international friends. Being so fair-skinned and wearing the smartest of Parisian clothes, she looked like a

Frenchwoman. Gay and hopeful, she spent some time on the Riviera and the Lido with those she had known in her childhood, and hoped in time to produce an heir.

On her return to Kapurthala, the Maharaja told her that in her absence her husband had married a young Sikh woman in order to have a male heir. This hurt Brinda to the quick for, with her modern upbringing and outlook, she would never submit to sharing a husband and, though she naturally remained senior Tika Rani, she never again lived with him. Brinda remained at the villa, still her home, and the Tika Raja and his new wife went to the palace.

In due course, a son was born who became the heir. The old Maharaja was delighted and felt he had done right in arranging the Sikh marriage, but Brinda never forgave him and it cast a shadow over her life. She possessed, however, all the courage of her family, the rulers of Jubbah, and made a new life for herself. She acquired many English friends, who were proud to entertain her, for she was good company, beautiful, gay and intelligent, and she had no wish to be pined.

The Maharaja held a week of festivities from time to time and this was well organised and interesting. There was a review of his troops under their Commander-in-Chief, his second son, Prince Amar, and there were flower shows at which Princess Sita, the wife of Prince Karamjit, and I did the judging. Elephants carried guests on a tour of the grounds, and others whopped round in a small cart pulled by two zebras, and fiery steeds they were.

In the evenings there were banquets for about sixty people, with a great display of gold and silver plate and chosen French dishes. The Maharaja sat in state, fanned by three enormous horse-tail whisks which I, sitting on His Highnesses's right, had occasional difficulty in avoiding. While we were conversing happily, the Maharaja suddenly asked me if my elephant, on which I had made a tour that morning, had worn his emerald necklace. I confessed that I had not noticed and then he asked if the animal had been quite well-behaved, to which I replied that he was as usual.

'Well, just before you rode him this morning a water-carrier had the impertinence to walk in his path, and with one blow of his trunk the

elephant put to death this foolish creature!" This was a sidelight on this civilised state which surprised and horrified me.

One of the pleasantest occasions at Kapurthala was the marriage of Princess Shushila, daughter of Brinda, to the Rao Raja (heir apparent) of Bharatpur. It had been arranged for five o'clock in the evening at the old palace, situated at the bazaar, and there had been great controversy among the Pandits as to the correct hour for the ceremonies.

The weather had been perfect, but at crack of dawn a storm arose, a tornado which tore through the state, uprooted most of the trees and did untold damage. Then down came the rains, which flooded parks, roads and the bazaar, and we sat gloomily and wondered what would happen if the wedding could not take place at the auspicious hour chosen by the wise men. Most of the Sikhs thought it a bad omen. Hasty re-arrangements were made, but miraculously, at four o'clock the gale subsided, the rain eased to a gentle shower and it was possible to proceed by car to the old palace. The elephant procession was cancelled and so we missed the spectacular trunk saluting, knee-bending and baying of the elephants as they made their obeisance.

The marriage took place in the courtyard of the old palace, for it is traditional to carry out the ceremony in the open air. A romantic bower was arranged, overhung with banyan trees, a ritual fire was burning and the couple sat there hour after hour while ceaseless mumblings went on by the Pandits who hemmed them in. The night was damp, Shushila became chilled and tearful while the ever-merry Batchu looked bewildered and sulky. I realised then that they probably understood very little of what was taking place and were quite exhausted.

The Master of Ceremonies was a grotesque figure whom I did not at first recognise as Prince Amar. He habitually wore khaki uniform, but now he was in ceremonial Sikh attire, and all it became him. He had probably borrowed the brocade and finery, which did not fit, and his turban sat like a pudding on his closely-cropped head, a pair of long earrings put the finishing touch to the attire. He was, however, the kindest of hosts and moved about trying to see to the comfort of the chummy guests, comforting the little weeping niece, Shushila, and raising a laugh wherever he went.

At long last we all returned to the palace, where a magnificent banquet was prepared, healths were drunk in champagne and the Raja Raja Batchu made a fine manly speech on behalf of the Rao Rani and himself. The Maharaja, who laid great stress on ceremonial, spoke at length on the duties and responsibilities of the young couple and all was done with great decorum.

The Maharaja very soon made his ceremonial exit, and the guests were left to continue the festivities, which soon became rather bacchanalian, and I saw that Amar was becoming more dilapidated and noisy, his turban was disintegrating and he had lost an earring. Several of us made an exit at this moment, but the wedding feast pursued its traditional course for many hours longer.

It was from Prince Amar that I learned something of the way of life within the Kapurthala family, for I had wondered how the various Maharanis got on together and whether it was possible for the step-children to have any affection for each other. He assured me that in Kapurthala, owing to the excellent arrangements made by his father, perhaps also due to the fact that they had all been educated abroad, the family was a united and happy one.

There were at that time three Maharanis, all about the same age as the Maharaja who were known in the family as 'the grannies', and one of them was Amar's mother. All three had been given in marriage to his father, when both groom and brides were adolescents, and these charming old ladies lived happily together in a palace of their own, they were ceremoniously visited by the Maharaja, whom they still loved and revered. There was no other Maharani at this time but there had been others, among them the Spanish Maharani who now made her home in Paris.

Many people had told me that she was a fabulous beauty, she bore him one son, Ghit, who was short and plain but who looked like a Spaniard and danced like an angel. He spent most of his time with his mother, but he was often at Kapurthala, where the Indians and English alike were devoted to him. The Maharaja had met his Spanish Maharani in Madrid during the festivities for the wedding of King Alfonso and Queen Eugénie. He had been taken to a cabaret to see a talented Spanish dancer, had been bowled over by her dazzling

beauty, and took her back to India with him. In time and after many vicissitudes this marriage came to an end and the lady departed, never to return. This and much more was told me by Prince Amar, but he said that it had caused hardly a ripple in the state, which from time immemorial had been accustomed to the vagaries of the Maharajas, so all this must not be taken too seriously

Amar became a great friend of ours, and we often had long discussions. He was a citizen of the world, had been a pupil at the military schools of Vienna and Paris and was an excellent linguist. He was dark and ugly, had but one eye, but possessed such infinite charm that no one, man or woman, could resist him.

Amar, who always wanted to keep people happy, said very seriously to me one day that for a long time he had wanted to talk to me about a grave defect in my social behaviour, and he hoped that I would not be offended if he discussed the matter with me. It was that he found I was most ungracious when I received a compliment, and either brushed it aside or looked offended. Though startled that this had been noticed, I knew in a flash that it was true, probably merely because I felt that the compliments were either unmerited or bogus. He begged me to receive compliments gracefully and to look pleased. Far from being offended, I was grateful to him, and he flattered my ego by telling me that this was the only flaw in my character!

Amar was so happy when I promised to follow his advice and laughed so merrily that his glass eye fell out, but he deftly picked it up, popped it back and went on joking. Amar is gone, leaving many friends grieving for him, for he was a type that is not likely to be seen again in Kapurthala.

Shortly before we left India, we were invited to a luncheon in Delhi to celebrate the wedding of the Maharaja to a lovely Hungarian girl, Countess Nina. We had not previously met the new Maharani, but she, together with her mother and aunt, had been living, unknown to us, in the palace. I asked Amar if he resented this new Maharani, as his mother was still alive, but he assured me he did not, and only wished for his father's happiness. Nina looked radiant and her red-gold hair shone brilliantly, she wore the simplest of European dresses and not a single ornament — most unusual attire for a Maharani.

After we returned to England I had a heartbroken letter from the old Maharaja telling me what had happened since that day. They had been very happy and well until Nina began to be depressed. Her mother and aunt, to both of whom she was most devoted, had died within a short time of each other of some trivial illness, and Nina became obsessed with the idea that they had been poisoned. Apparently frantic with grief and fear, for she thought she would be the next victim, she climbed to the top of the Kuteb Minar, a high, ancient tower near Delhi. She threw herself down, and in falling, the lovely head was decapitated from the young body. The Maharaja grieved bitterly and was horrified at the mutilation of his lovely Nina. Shortly afterwards he died, and Brinda's husband reigned in his stead.

An occasion to remember, the most pleasant party we ever attended, was held in the Red Fort in old Delhi one winter evening. A joint English and Indian company of a hundred of us gathered in the Dewan-i-Khas, most of us were known to each other and we had all been bidden to come in Indian attire. I gladly donned my golden Benarsi sari that I had been given by Brinda as a memento of Shushila's wedding. My husband, in white jodhpurs, black *atchkan*, cap and steel-rimmed spectacles, made a typical *babu* and he enjoyed playing his part. We all sat down on rugs on the marble floors to enjoy a chicken pilau, and after much conversation the evening's entertainment began.

This memorable party was given by our friend, Guy Wint, a distinguished student of foreign affairs who had gathered around him young men and women who were congenial and met in great friendliness. He was greatly liked and respected and the Indians at once recognised his sterling worth.

He had asked Sir Maurice Gwyer to be *compère* and this in itself was looked forward to with eager anticipation. Sir Maurice had been Chief Justice of India and on his retirement became Vice-Chancellor of Delhi University. He remained until it was fully established, and it was said that few had done more than he for higher education in India.

There can have been none who surpassed him in presence or dignity, immensely tall, with a countenance that betrayed English breeding for generations, he was a truly noble figure. It was when he began to speak

that people held their breath. His clear baritone voice was full of musical overtones and the pellucid diction of purest English must have entranced everyone, as it did me. We gazed and listened as Sir Maurice reminded us that we were in the peerless Dewan-i-Khas of which it has been written, 'If there is a Paradise on Earth, it is this'. When we were all under the spell of his voice, Sir Maurice introduced the first item of the dance recital given by Ram Gopal and thus we understood something of the meaning and significance of what we were to see.

The first dance was deeply moving. 'I lay all my gifts at the feet of God.' Never shall I forget that magical atmosphere already created by Sir Maurice's words, the vast marble chamber, the shadows cast by candlelight and moonlight. Ram Gopal was inspired that night, his body glowed, seeming to become translucent, and his expression showed that he was hardly aware of being on this earth. This wonderful experience which, though but rarely, takes some human beings out of themselves, is granted to those who are deeply sensitive and keeps them uplifted and godlike for a space of time. We call it inspiration.

I had often seen Ram Gopal dance in London and elsewhere but never as he performed on this night and I realised there and then that he was an artist as well as a devoted technician. I did not, however, consider him the foremost Indian dancer and felt that Uday Shankar at that time wore the crown. I had seen him dance in London thirty years before with Pavlova in a ballet, *Ajanta Friezes*, which they had jointly arranged. Later, he had brought on tour a splendid ballet, its costumes correct in every detail and a feast to the eye, with this troupe of dancers, all trained by himself, he had a great international success. He now had a school of dancing in the hills at Almora which, alas, I had not time to visit.

Another exquisite Indian dancer was Menaka, who, many years before, had visited Europe with much success. It is not possible for me to speak with any authority about the comparative merits of the dancers or the various schools of dancing, for I still knew too little about their history and technique and relied solely on my eyes for appreciation. Menaka was apparently a purist in a certain school of age-old dancing, and had given her fortune and her life to founding a school to teach her methods. She dressed in ancient Indian garments,



and her bedroom was a replica from some old period picture. Menaka was the wife of Colonel Sokhey, the Director of the Haffkine Institute in Bombay, who on introduction at once conducted me to the snake room and showed me the technique of extracting venom from these revolting reptiles. Having removed the venom of some of the most poisonous snakes, we trooped down to luncheon, where the table on the veranda was set for a number of guests.

There was much talk, which came round to Louis Bromfield's book, *The Rains Came*, and Colonel Sokhey asked me if I had enjoyed it. I replied that I found it a good novel, but what a pity there was not a decent character in the book.

'I think I disliked the matron and the doctor most of all,' said I. All the guests began to laugh, and I joined them, for Colonel Sokhey told me he was the doctor and hero of the book. Later on I met the Maharani of this book, the Dowager Maharani of Baroda, a stately old lady who was sitting in a violet Rolls-Royce, lined with Indian brocade and gold fittings. She was so impressive and regal that the saloon seemed to take on the functions of a little throne.

We returned to London in the late autumn of 1946, somewhat bewildered at first by the rationing and other wartime restrictions, for we had few hardships at any time in India.

Our first visit was to our old house, and it was a shock to see a large water-tank filling the space where it and our next-door neighbour's house had stood. Only then did I allow myself to be overcome, for I had ignored this loss all those years in India. I thought sadly of all the friends and relatives who had stayed with us, for the house was spacious, and our married couple, Mr and Mrs Purvis, always welcomed guests and looked after them for us.

My most poignant grief was that my parents were no more, both having died while we were in India. The unexpected death of my mother had put an end to plans that I should spend more time with her, this I longed to do, for we were almost too devoted, and I was her beloved only daughter.

I thought of all that had happened since we entered that old house, the struggles, disappointments, the achievements and the fun, my

pride in gradually furnishing it with pieces sought out from antique shops at modest prices, or bought at the sales which I had begun to frequent. It had been a real home, to which people liked to come and where much work was done, for my consulting room had been there, and my husband's desk, where he worked late every evening.

We entertained in the way that people of our kind used to do, usually six or eight specially selected friends to luncheon or dinner. Thus we got to know each other, for there was ample time for real talk. Cocktail parties were beginning to be popular and certainly it was an easy way of entertaining large numbers of people.

We gave musical parties from time to time and this was greatly appreciated by our friends who sometimes talk of them to this day. We were able to seat in our drawing-room a hundred people on spindly gold chairs hired then at one shilling each, with a platform for a few shillings more. The supper was home-made and simple, it was the music that was the attraction. Many fine artists entertained us, among them Tatiana Makushina, Oda Slobodskaya, Reginald Paul, Roy Ellet, and a 'cellist prodigy, Aubrey Ramier, aged seven years. Never did our house look so gay as on those summer evenings when everyone took the trouble to dress for the festive occasion, the men in white ties and tails, the women in long chiffon gowns which were then the charming fashion. Our musical evenings were a good excuse for me to get a specially glamorous dress for each concert and I can even now remember all of them in detail.

We had done nothing to alter the house structurally till 1936 when, with the help of Darcy Braddell, an architect whose work reflected something of his own charm, we made some improvements. We had long hoped to install central heating and extra bathrooms, one for the Purvises and one for my husband in limed oak and Durnford fish tiles. The one he contrived for me was minute but exquisite, and friends still recall its comfort and beauty. There was a green sitting-down bath which just fitted me and I often read there after a strenuous day, enjoying the soothing water. The radiator had a cork seat built over it, the fittings were in Swedish marble and one wall was of apricot-tinted mirror.

These improvements helped us to be more efficient, moreover, we

saw this as a warm, convenient house in our old age, it had never occurred to us that the house would die before we did. I said good-bye to the past with tears in my eyes and could not bring myself to walk along Montagu Place for many years.

The burning problem was where we were to live, for though we had a very convenient undamaged mews cottage next to the house, it was let and the tenant could not be turned out. It was not easy even to secure a hotel room at that time, but we settled at an old-fashioned but comfortable and friendly hotel, Durrants, and there we were till the spring in one room with all our personal possessions piled around us. All our heavy baggage and crates were put in storage and it seemed that they might remain there for ever.

Eventually we found a Georgian house that suited us well – 5, Spanish Place – and in the spring of 1947 we moved in, and there we remain. The house has charm and makes a comfortable home, I have a small, bright consulting-room in which I can work undisturbed.

The British Hospital had carried on its clinics right through the blitz and had not been damaged, so I began work there again and soon felt that the old London life had taken possession of me as before.

## Jugoslavia Revisited

BETWEEN THE WARS, I kept up my connection with Serbia, which now formed part of Yugoslavia through visits to that country, correspondence with my old friends, and contacts with those who visited this country, some of whom came to stay with us. Meanwhile a fund had been started by various friends of Yugoslavia for bringing over women for training as doctors in our medical schools. This was largely due to the generosity of Sir James Berry and his wife, Lady (Dickinson) Berry. Among the original trustees were Dame Florence Berry, who was then active at a great age.

I was asked to join the committee in 1931, and at the same time it was decided that as medical schools were now available in Yugoslavia we should in future concentrate on post-graduate training. In 1934, after the death of Lady Berry, I became chairman, and a number of women doctors were brought over for post-graduate training in British hospitals for periods of nine to twelve months. They were selected by a committee of Yugoslav and British friends in Belgrade, and it was my task to find suitable hospitals which were prepared to take them and to arrange hostel or other accommodation.

With the outbreak of the Second World War all this came to an end, and on my return from India in 1946 considerable funds had accumulated. Although Yugoslavia was then a Communist country the need for doctors was even greater than ever. The war and civil war had inflicted untold suffering on the people, and there seemed every reason to try to re-establish the work in spite of the obvious difficulties involved. In 1952, I suggested that we should administer the scheme

through the medium of the British Council, which was by then established in Yugoslavia. The whole-hearted co-operation of the Yugoslav medical authorities was secured and a representative educational and medical committee was established in Belgrade to select the students. The British Council undertook all the arrangements for bringing them over and placing them in suitable hospitals.

Our work consisted therefore in approving the selection, providing the funds and giving practical help to the students on arrival in this country. This naturally brought me into touch with the Yugoslav Embassy, which showed great appreciation of the work. In all, some ten post-graduate students, all carefully selected, have benefited from this plan since 1952.

On more than one occasion I received informal invitations to visit Yugoslavia and see their medical schools, hospitals and nurse training establishments but, owing to my other commitments, it was not possible at that time to accept.

However, in 1956 I received an official invitation to visit the country together with my husband who, it was hoped, would visit their industries and give such help as he could in promoting industrial development and training on sound lines. As he was at that time Director of the British Productivity Council and was in close touch with his opposite numbers in Belgrade the proposal seemed thoroughly practical.

It was with a certain reluctance that I accepted this invitation, for hitherto my allegiance had been to the royalist refugees in England and to the Mihailovitch party, and I disliked in principle the country's present regime. My friends seemed surprised that I was going 'behind the iron curtain' and were even alarmed for my safety, but I longed to see the country again, though I fully realised that there must have been many changes. There had been in turn German, Italian and Hungarian occupations as well as an appalling civil war. Would the people that the Scottish Women's Hospital had cherished have changed? After forty years I could not expect to meet those gay young warriors, with whom, in war, we had endured and striven, and in peace had laughed and danced the *lolo*. I hoped, however, to see some of them grown old along with myself.

It was strange to fly to Belgrade in a Yugoslav plane, so different from

the former hard way of approach, and youthful memories crowded in upon me so that there were fleeting moments when I shrank from the very thought of the visit. All too soon, on a sunny evening we landed on Belgrade aerodrome, and there was Dr Danitza Kovacev, a Junoesque figure with a sheaf of white gladioli in her arms, welcoming me in the name of her fellow students, and a representative of the Ministry of Health leading me to a car.

When the chauffeur pressed my hand between his two horny ones saying '*dobra doshla*' (welcome), I knew that I was back among friends. Presently we were crossing the rivers, Sava and Danube, near their confluence and entering the town of Belgrade, where I was at first completely disoriented, for there was so little that I remembered and all trace of my old hospital had gone. The fact is that the town had suffered such a heavy bombardment that the streets had been widened and much of it rebuilt, so that at first the fortress and the buildings round the old palace were my only landmarks in a sea of tall modern buildings.

Early next morning I had talks with the genial Director for Co-operation with International Health Organisations and with the President of Public Health who freely discussed with me many matters relating to the training of doctors and nurses, and gave me a general outline of the organisation of the country.

I learned that Yugoslavia consists of six republics, each having ample scope to manage its own affairs according to its special requirements. There were now 8,500 doctors, of whom a third were women, whereas there had only been a matter of hundreds in the First World War, of whom one-third died early in 1915 from typhus.

The women doctors enjoyed absolute equality with the men, every post being open to them, and many were university professors or heads of hospitals and public health departments. Nearly all of them were married and had children, being allowed leave for their confinements without dislocation of their professional career.

The medical faculties of Belgrade and Zagreb were only completed after the First World War, those of Ljubljana and Skoplje after the Second, while that of Sarajevo University was just about to be completed. There was no training in nursing till some thirty years ago.

when, with much outside assistance, several schools were begun. But there was great difficulty in getting well-educated young women to undertake the two years' training required. The situation is steadily improving, but there is some way to go before the necessary standard is reached. A welcome arrangement has now been made with our Ministry of Health to place the more promising of the trained nurses in English hospitals for one year, and their number will be increased if circumstances are favourable.

I visited all the Belgrade hospitals, of which I had previously known several, though they had been modernised almost out of all recognition. At the Fever Hospital I was met by Dr Kosta Todorovitch, whom I had known as a young captain on the Salonika front, and who was now the doyen of the medical profession and a man universally beloved and trusted. Two of his many assistants had been our students, so we had a happy reunion, which was recorded by the hospital photographer. The professor said that the Scottish Women had been a very considerable factor in the freeing of Yugoslavia, and that those who had known the hospitals and their personnel would never forget the debt they owed to Scotland.

At the Plastic Hospital I was welcomed by another of our students, Dr Danutza Perovitch, who had been the senior plastic surgeon for the army during the war. When with the partisans she had performed operations in underground hospitals in the woods. Another student was formerly assistant plastic surgeon in the Civil Hospital, and had received great help and encouragement from our most distinguished surgeons during her recent sojourn in England.

There were three new hospitals which might be classed with the best in any country. The first, Dragusha Mishovitch, was a graceful light building, where the medical care and nursing were of a high order, and where the *Glavna Sestra* (matron) had just spent a year in Bristol Infirmary. The maternity department was under the care of yet another of our students, Dr Galijan Lazitch.

The second, the Hospital for Rehabilitation, a series of pavilions set in a garden, was planned with the help of European experts and was equipped with every modern device.

The third, Boris Kidritsch, perhaps the most original, was a poly-

clinic brought into being by the energetic Dr Zagorka Berovitch, and planned with vision and feminine foresight in all its arrangements, it dealt with two thousand patients in a morning and carried a staff of eighty doctors

The hospital that I had most looked forward to visiting was that which the Edinburgh and London Committees of the S W H built after the First War and gave to the medical women of Yugoslavia. It now formed one of a series of pavilions in a general hospital at Dedinje on the outskirts of Belgrade. It is a handsome Colonial style building for 180 beds. I had been pondering whether to request its return to the women doctors, but when I met its large female staff, I saw that they were already in possession of it!

I soon found, however, that no one in the hospital knew its history, and this did not surprise me, for memories are short the world over. Even in Scotland, little is remembered of the many doctors, nurses and orderlies who gave their services, and some their lives, to Serbia, or of its modest, capable committee. One only survives, Dr Beatrice Russell, who, from a small office in St Andrew's Square, sent hospitals to France, Belgium, Russia and Serbia.

I told the company who were gathered in the wide entrance hall that there was no *spomen* (memorial tablet) to be seen, only two huge war canvases to right and left and these I was assured had always been there. I asked them to look behind the picture on the left. Eager hands rushed to bring it down, and there was the white tablet, fresh and clear for all to read:

'Erected by the United Work of British and Serbian Women in thankfulness for the Memory of Dr Elsie Inglis who gave her life for Serbia and the Honour of her own Country'

I said that I trusted that this Elsie Inglis pavilion would ever stand for goodwill between our countries. They replied by crying, '*Juch!*' (long may it live)

My request to spend a day in Vranja was greeted with amusement as 'there is nothing to see there'. But when I explained that it would be in the nature of a pilgrimage, since I had spent two years there as C.O. of the American Unit of the S W H, they understood at once. Ours had



been the first hospital to be set up in the liberated South Serbia and we had remained there till the work was finished and the typhus epidemic was over

The town was quite unchanged and many of the old friends with whom we had been through so much were still in the same little Turkish houses. They welcomed me in the old familiar endearing terms, they patted and kissed me, laughed and cried and pressed upon me flowers and fruit from their gardens.

The one new building in Vranja was a fine hospital for 250 beds built on the site of a house which we had equipped as a fifty-bedded hospital on leaving Serbia, for we knew how greatly medical and surgical help was then needed. The visit ended with a feast of all the specialities of Vranja, including roast sucking-pig.

In Skoplje, which I had last seen as a small Turkish-style town, there were now many tall buildings and signs of great activity. Scarlet double-decker London buses ('We bought them advantageously,' said my guide) were speeding through the streets where not long since ox-wagons slowly creaked. I felt that it must all be a dream, but when I looked at the fortress and the great familiar mountains, I knew that Skoplje and I were wide awake.

The Dean received me at the Medical School and introduced each member of the assembled staff, and general conversation ensued, during which the inevitable Turkish coffee and shivovitzza were circulated. When there are many hospitals to visit in a morning this friendly custom becomes something of a test!

Skoplje University was nearly ten years old and educated a great number of students from all over Macedonia, its hospital was growing rapidly and would soon have two thousand beds. There were some excellent women doctors on its teaching staff and it was suggested that two of them should be selected as our students in the near future.

Montenegro was reached by plane from Belgrade in one hour's flight over the mountains, and we landed at Titograd (formerly Podgoritzza), where handsome buildings reared themselves beside little Turkish-style cottages, and a new hospital was in the making. Both here and in Cetinje, developments seemed to be slower than in the other republics, but this was in part due to the wild nature of the

country and its restricted requirements

In Dalmatia, the healing effects of sunshine and sea on surgical tuberculosis had been fully realised, and along the lovely Adriatic coast there were several hospitals, that at Risanje being a model of its kind, the sisters of St Vincent de Paul acting as nurses, as in many other specialised hospitals

Split, formerly a pleasure resort and haunt of antiquarians, was now a quickly-growing industrial town with its own shipbuilding yards. A large general hospital had recently been built and staffed with some of Yugoslavia's most distinguished specialists. There was also a magnificent new maternity hospital with 300 beds and a training school for midwives.

Installed and equipped with a wealth of detail, it gleamed with the coloured marbles in which the country is rich. Beautiful within, it was also beautiful without, and was enhanced by a superb maternity group given by its sculptor, Mestrovitch (a native of Split) and charmingly surrounded by a fragrant little forest of lavender in bloom. These modern hospitals all over Yugoslavia delighted the eye, for they were just as beautiful as they were utilitarian.

Croatia has long possessed many amenities and Zagreb looked much the same and its art galleries, opera and concerts were functioning as of yore. The Public Health Centre, built by the Rockefeller Foundation, was admirably planned, and here two of our pre-war students were members of the staff, while the whole was directed by a woman, Professor Vesenjāk. An immense new hospital in pavilion style, set in a beautiful garden, was almost finished, and this would deal with the needs of the town and the many surrounding villages.

Slovenia's capital, Ljubljana, is progressive and rich in medical institutions, the most interesting of which was, perhaps, the new children's hospital with 300 beds, of which the *Upravnik* (Director) was the distinguished Dr M. Ancin. There cannot be a better-equipped hospital in the world, every known device for the treatment of children is available, and also for their education if they are long-term cases. The *Upravnik* had assembled his staff of women doctors and asked me to address them, when I asked what I should talk to them about he replied that I should tell them about the struggles of the medical

women in England. He said that he had observed that the only way medical women in England could obtain staff appointments was by building hospitals for themselves, and I could not but agree with him.

He continued, though with a smile, 'our women, on the contrary, have had no struggle, and they are getting so powerful that their poor silly male colleagues will soon be out of it altogether'.

I then spoke to them of Dr Jex Blake, and the beginnings of the Edinburgh Medical School for Women, of the criticism and opposition, mainly by the men doctors, that obtained even in my young days, of the Hospice and Bruntisfield Hospital, and also of the efforts of our sister colleagues in England.

The Yugoslav women were incredulous when they heard that with one or two exceptions there were no women professors, either in the medical faculties or the teaching hospitals in England.

Hospital planning is done by a committee of doctors, architects and engineers, with the help of the requisite experts from abroad, for full advantage is taken of the generous help given to under-developed countries by W H O , U N I C E F and other organisations, and co-operation is so close that the best of all medical worlds is assimilated. Looking back, it occurred to me that it was with this same spirit of open-minded trustful co-operation that the Serbian army, forty years ago, had welcomed such a revolutionary offer as that of the Scottish Women's Hospitals.

It was interesting to note the universal working hours of seven a.m. till two p.m., and this holds for the doctors too. Clinics are held, operations carried out in the morning, and a skeleton staff takes over in the afternoon, thus enabling some doctors to engage in private practice and others to take on a second job to augment their small salaries. The medical services are free to all, and the health and hygiene of the villagers are receiving vigorous attention after the long years when no help was available to them, largely because of scarcity of doctors and difficulties of transport.

It was only possible to judge the general situation from my own observations, together with a certain understanding of the mentality of the Yugoslavs and a knowledge of their language. I had set out with many misgivings and was ready to criticise a régime which had never

appeal to me. If I expected an iron curtain, I was certainly never aware of its presence, for it does not in fact exist.

Young people are sent out freely to learn from other nations and their medical women post-graduate students come to England without any restrictions being placed upon them. Every year great numbers of tourists from all over the world bask on the Adriatic coast without let or hindrance. And the same applies to those who go mountaineering in Slovenia, or indeed, the many who daily pass in transit.

The Yugoslavs say that their régime is not one of Communism but of Socialism, though I never made out wherein the difference lay, it is, however, something which is felt even though not understood and is entirely different from the oppressive atmosphere which I had experienced in Soviet Russia. It is possible that the difference lies simply in the mentality of the people and their leaders, their adaptability and gift for compromise, their capacity for fun, their sense of humour and, above all, their patience.

It was clear that those who had property bitterly resented its being taken over by the state, and who can blame them? They may remain in their homes but, where there is a housing shortage, the vacant rooms are let to the homeless and the proprietors receive rent in addition, very often, to a small pension, which gives them reasonable security. Rents are low, food is plentiful and cheap, goods and clothing are very expensive, but there is no income tax!

The young people seem satisfied and many who would otherwise have remained on the land are now being educated for the professions. There is said to be almost no illiteracy now, whereas, less than a few decades ago, it was almost universal in the villages. Everyone said that things had been steadily improving since 1948 and I have since heard that they are continuing to do so in a very marked degree. Only a small percentage of the people, it was said, belonged to the Party, though this does not mean that the others are against the régime. Nevertheless, all of them seemed to get on well together on committees, at their work and socially.

I did not hear one word of propaganda and saw no signs of it except in the ever-present portrait of Marshal Tito. There seemed to be a general feeling of peace and stability which belies the old progn-

stication that wars always start in the Balkan states, the so-called 'Cockpit of Europe' Now, whether it be that the Yugoslavs underwent so much suffering in the Second World War, or whether they are all too busy to bother about the *Velika Politika* that used to occupy them so headily, they seem to have made up their minds to continue in peaceful unity

It seems to me that those who care for the welfare of Yugoslavia, even if they do not hold with the régime as such, should hope that it will continue working out its own salvation The anxiety that is in many minds that the country will unite with Russia against the West would seem to be groundless, and there are many indications that Yugoslavia is looking to the West for friendship

I was able to see old friends, alone or in groups, and I was constantly meeting people in the streets, many, whom I had known as children, greeted and embraced me as if we had met but yesterday Some came with flowers, little presents and old souvenirs, the oddest being a hot-water bottle with my name upon it, brought by a lady who said that I had given it to her husband in the bitter weather of 1915, and that she would keep it all her life as a *spomen*

The widow of the distinguished artist, Milovanovitch, presented me with a stirring wartime painting of Serbian soldiers digging a trench in Macedonia and, producing another canvas showing an operating theatre, asked me if I could identify the fair young surgeon. I was able to tell her that it was a speaking likeness of Dr Jessie Scott, a fellow student at Edinburgh University, a former member of the S W H and, till she died recently, a surgeon in New Zealand, I was glad to be able to put them in contact after all those years

*Kafana* life has ever been a feature of Yugoslavia and, on a Saturday

There was singing, and some of the songs were those of the First War, among them the nostalgic '*Tamo daleko*' (There, far away), which was sung with so much longing during the three years of exile in Macedonia I joined with the others in this haunting melody and when the *czigane* singer ran over to kiss me on brow and shoulder I

knew I was accepted by the same kindly people to whom we Scottish Women had been so devoted

It was surprising to find how many people in Belgrade and Zagreb spoke tolerable English, and how many more were eager to learn, for they felt that otherwise they could not be in close touch with the world of affairs. The British Council has done yeoman service in the teaching of English, and in its rooms a selection of classic or contemporary literature and periodicals is available to all, as well as modern technical books

It is not suggested that all these developments have taken place in recent years, for between the wars there was a gradual betterment of general conditions, with much care for the welfare of children, while the nursing improved and the medical schools began to function. There has, however, been a spectacular development since the war, and while this obtains for the Health Services, it also applies to education, industry, and many other activities, such as extensive hydro-electric schemes, which I was able to observe but not to assess with any technical knowledge

I came home elated over the progress that had been made, grateful for the kindness I had received from everyone and glad of the effort that this great country is making to bring about conditions that will assuredly make for a healthy, well-educated and prosperous people

\* \* \* \* \*

If there were time and space it would be easy to fill many more chapters with other precious memories of people and events, of medicine and of art. These few reflections will, however, have served a purpose if they persuade my readers of the feast of beauty that lies to hand as they travel through life. Many people have said that they envy me for having had such an interesting life, for having met so many distinguished people and seen so many beautiful things. My answer is that all life is interesting, whether in royal palaces or the slums of Glasgow. It is the same with people, and there may be more to learn from the simple peasant than the great ones of the earth. For those who have eyes to see and ears to hear, I would say, therefore. First try to enjoy such treasures as lie around you, whether in art, in nature, or in humanity itself

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